



Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate
Commissioner

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES

BUREAU OF ELDERLY & ADULT SERVICES

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December 5, 2013

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services, Bureau of Elderly and Adult Services to enter into Agreements with vendors to have ServiceLink Resource Centers in designated communities serving as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and ServiceLink Resource Centers also function as a single point of entry for access to Medicaid long-term support programs and benefits, with a price limitation of \$4,334,595 to be effective January 1, 2014 or upon the date of Governor and Executive Council approval, whichever is later through June 30, 2015.

Summary of contracted amounts by vendor:

	Vendor	Amount
	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners	\$347,772
	Community Action Program Belknap and Merrimack Counties, Inc.	\$478,594
	Crotched Mountain Community Care, Inc.	\$791,127
	Easter Seals New Hampshire, Inc.	\$655,047
	Grafton County Senior Citizens Council, Inc.	\$460,601
	Lakes Region Partnership for Public Health, Inc.	\$597,849
	Monadnock Collaborative	\$719,365
	Tri-County Community Action Program, Inc.	\$284,240
	Total	\$4,334,595

Funds to support this request are anticipated to be available in the following accounts in State Fiscal Year 2014 and 2015 and are subject to the availability of the federal funding to the Department, with authority to adjust amounts within the price limitation and amend the related terms of the contract without further approval from Governor and Executive Council.

Please see attachment for fiscal details.

EXPLANATION

The Department is requesting that the Governor and Executive Council approve eight (8) Agreements that represent \$4,334,595 total anticipated to be spent statewide to provide the ServiceLink Resource Center Program in New Hampshire. As a group, these Contractors will provide statewide coverage to people in New Hampshire and to their out-of-state friend and family members by providing the following services as part of the ServiceLink Program: Information, Referral and Assistance, Options Counseling and Person Centered Transition Support, Family Caregiver Supports and Services, Counseling for Medicare Beneficiaries, and Senior Medicare Patrol.

Populations Served:

The populations served under these contracts are:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about Long Term Services and Supports;
- Individuals with intellectual, physical, and developmental disabilities;
- Veterans; and
- People of all ages, income levels and disabilities.

The ServiceLink Resource Center Contractors will:

- Serve as a highly visible and trusted place for people of all ages to turn to for objective and unbiased information on the full range of long term care supports and services
- Promote awareness of the various options available to people in their community
- Link individuals with needed services
- Provide person-centered one-on-one assistance and decision support to individuals
- Serve as a full service access point to all long-term supports and services
- Create formal relationships between and among the major pathways people travel while transitioning from one setting of care to another
- Ensure services adhere to the highest standards and produce measureable results

No Wrong Door for Citizens of New Hampshire

The ServiceLink Resource Center contractors will operate as a full service single access point for individuals to inquire about community long term supports and services. Individuals shall experience a streamlined eligibility determination, options counseling and enrollment process through standardized processes specified by the State of NH DHHS. The Aging and Disability Resource Centers will follow standardized processes established by NH DHHS for providing information, referrals and eligibility determinations so that individuals accessing the system at different locations experience a similar process and are provided a consistent core set of information about community Long Term Services and Supports options in the state. The Aging and Disability Resource Centers will assist and support an individual's applications for financial and functional assessments for public programs. The goal is that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

Contractors shall support the No Wrong Door by the following criteria:

- Coordinate with existing community long term support and service (LTSS) counseling entities and initiatives;

- Have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance;
- Ensure that a consistent experience and core set of information is provided to all individuals;
- Coordinate both the financial and functional assessment and eligibility determination process from start to finish, utilizing a single contact for the individual;

Performance Measures

- Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS.
- Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance;
- The number of individuals diverted from nursing home/institutional settings;
- The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).

Should Governor and Executive Council decide not to authorize this request, the Department would have to design and implement an alternative method of complying with RSA 151-E:5, which mandates that it establish a system of community based information and referral services for elderly and chronically ill adults. This has the potential of incurring additional State funds for additional positions to take on the roles, responsibilities, and activities described above. The Department would be vulnerable to losing federal discretionary funds through the Balancing Incentive Program and the State Innovation Model Program, which both rely on the ServiceLink network as the platform for implementing the No Wrong Door model and Options Counseling Model. It is likely that admissions to nursing homes and hospitals would increase because there would be no statewide mechanism in the community to advise people of home and community based options and assist them to access these options. The unintended consequences would increase the State's Medicaid expenditures.

These contractors were selected through a competitive bid process. The Department issued a Request for Proposal published on the Department's website October 18, 2013, and notified potential bidders. The Department received eight (8) proposals. The evaluation committee recommended awarding agreements to all eight (8) Contractors. (See Bid Summary).

The proposal was evaluated and scored using a consensus model. Four Department staff evaluated the proposals on its technical merits consistent with the criteria for evaluation of Technical Proposal as specified in the Request for Proposals. These staffs' experiences included quality management, operational management and strategic planning over client services, and social work. Two Department staff, with over twenty years' experience as certificated accountants, evaluated the proposal's cost. (See Bid Summary)

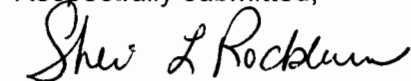
The proposal and subsequently the contracts include an option for two (2) one year extensions to be exercised by mutual agreement by the parties, upon availability of funding, acceptable performance of the Statement of work, and subsequent approval by the Governor and Executive Council.

Area Served: Statewide.

Source of Funds: 54% Federal funds and 46% 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,



Sheri L. Rockburn

Acting Associate Commissioner

Approved by:



Nicholas A. Toumpas
Commissioner

**New Hampshire DHHS Contract Unit
New Hampshire ServiceLink Program
RFP 14-DHHS-DCBCS-BEAS-03
Bid Summary**

	Core Services		Technical Score	Cost Score	Total Score	Geographic Area to be Served
	Bidder	Maximum Possible Score	1250	104.35	1354.35	
1	Community Action Program Belknap and Merrimack Counties, Inc.		940	78	1018	Merrimack County
2	Behavioral Health and Developmental Services of Strafford County, Inc. dba Community Partners		1158	80	1238	Strafford County
3	Crotched Mountain Community Care, Inc.		1090	82.5	1172.5	Rockingham County
4	Easter Seals New Hampshire, Inc.		955	76	1031	Hillsborough County (excluding: 12 Cities and Towns in Western part of the County: Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor)
5	Grafton County Senior Citizens Council, Inc.		1125	78.5	1203.5	Grafton County, and two towns in Sullivan County (Grafton and Plainfield)
6	Lakes Region Partnership for Public Health, Inc.		1005	77.5	1082.5	Belknap and Carroll County
7	Monadnock Collaborative		1088	90	1178	Cheshire County, 12 Cities and towns in Western Hillsborough County (Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor) and all of Sullivan County (excluding two towns: Grafton and Plainfield)
8	Tri-County Community Action Program, Inc.		940	74	1014	Coos County

Technical Proposal Evaluation Team:

Carol Sideris, Director of Client Services

Michael Kelly, Division of Community Based Care, Program Specialist – Quality Management Review

Denise Pliska, Bureau of Elderly and Adult Services, District Office Supervisor of Adult Protection Services

Patricia Jackson, Bureau of Homeless and Housing, Program Planning and Review Specialist

Cost Proposal Team:

Ann Driscoll, Bureau of Elderly and Adult Services, Administrator and Certified Public Accountant

Donna Ferland, New Hampshire Hospital, Financial Manager and Certified Public Accountant

FINANCIAL DETAIL ATTACHMENT SHEET

**05-95-48-481010-9565 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SERVICELINK (100% General
Funds)**

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$45,560.23
102-500734	Contracts for Program Services	2015	\$73,886.01
		Subtotal	\$119,446.24

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$26,543.55
102-500734	Contracts for Program Services	2015	\$50,596.11
		Subtotal	\$77,139.66

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$47,773.71
102-500734	Contracts for Program Services	2015	\$113,874.54
		Subtotal	\$161,648.25

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$43,850.80
102-500734	Contracts for Program Services	2015	\$85,235.23
		Subtotal	\$129,086.03

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$4,461.39
102-500734	Contracts for Program Services	2015	\$8,452.96
		Subtotal	\$12,914.35

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$29,413.08
102-500734	Contracts for Program Services	2015	\$68,229.34
		Subtotal	\$97,642.42

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$36,812.08
102-500734	Contracts for Program Services	2015	\$77,025.44
		Subtotal	\$113,837.52

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Amounts
102-500734	Contracts for Program Services	2014	\$18,583.97
102-500734	Contracts for Program Services	2015	\$28,700.70
		Subtotal	\$47,284.67

Total 9565	\$758,999.14

05-95-48-481510-6180 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: ELDERLY AND ADULT SERVICES, MEDICAL SERVICES, LTC ASSESSMENT AND
COUNSELING (50% Federal Funds; 50% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$52,108.03
550-500398	Assessment & Counseling	2015	\$102,351.27
		Subtotal	\$154,459.30

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$43,781.78
550-500398	Assessment & Counseling	2015	\$96,117.28
		Subtotal	\$139,899.06

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$103,489.90
550-500398	Assessment & Counseling	2015	\$293,917.84
		Subtotal	\$397,407.74

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$94,992.73
550-500398	Assessment & Counseling	2015	\$219,997.83
		Subtotal	\$314,990.56

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$70,670.65
550-500398	Assessment & Counseling	2015	\$187,172.17
		Subtotal	\$257,842.82

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$72,396.82
550-500398	Assessment & Counseling	2015	\$117,724.75
		Subtotal	\$190,121.57

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$79,026.42
550-500398	Assessment & Counseling	2015	\$159,456.44
		Subtotal	\$238,482.86

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Amounts
550-500398	Assessment & Counseling	2014	\$39,245.63
550-500398	Assessment & Counseling	2015	\$86,664.22
		Subtotal	\$125,909.85

Total 6180	\$1,819,113.76

05-95-48-481010-9255 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, SOCIAL SERVICE BLOCK GRANT (44.31% Federal Funds; 55.69% General Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Amounts
545-500387	I & R Contracts	2013	\$14,601.06
545-500387	I & R Contracts	2014	\$21,531.35
		Subtotal	\$36,132.41

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Amounts
545-500387	I & R Contracts	2013	\$8,506.63
545-500387	I & R Contracts	2014	\$14,744.37
		Subtotal	\$23,251.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account		Class Title	State Fiscal Year	Amounts
545-500387		I & R Contracts	2013	\$15,310.44
545-500387		I & R Contracts	2014	\$33,184.53
			Subtotal	\$48,494.97

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account		Class Title	State Fiscal Year	Amounts
545-500387		I & R Contracts	2013	\$14,053.23
545-500387		I & R Contracts	2014	\$24,838.66
			Subtotal	\$38,891.89

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account		Class Title	State Fiscal Year	Amounts
545-500387		I & R Contracts	2013	\$1,429.78
545-500387		I & R Contracts	2014	\$2,463.30
			Subtotal	\$3,893.08

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account		Class Title	State Fiscal Year	Amounts
545-500387		I & R Contracts	2013	\$9,426.25
545-500387		I & R Contracts	2014	\$19,882.92
			Subtotal	\$29,309.17

Monadnock Collaborative (Vendor # 159303)

Class/Account		Class Title	State Fiscal Year	Amounts
545-500387		I & R Contracts	2013	\$11,797.47
545-500387		I & R Contracts	2014	\$22,446.22
			Subtotal	\$34,243.69

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Amounts
545-500387	I & R Contracts	2013	\$5,955.76
545-500387	I & R Contracts	2014	\$8,363.76
		Subtotal	\$14,319.52

Total 9255	\$228,535.73

**05-95-48-481010-7872 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADM ON AGING GRANTS
(84% Federal Funds; 16% General Funds)**

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Amounts
072-500575	Grants - Federal	2014	\$8,673.63
570-500928	Family Caregiver	2014	\$22,651.86
072-500575	Grants - Federal	2015	\$6,024.62
570-500928	Family Caregiver	2015	\$41,218.00
		Subtotal	\$78,568.11

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Amounts
072-500575	Grants - Federal	2014	\$12,668.04
570-500928	Family Caregiver	2014	\$8,750.00
072-500575	Grants - Federal	2015	\$7,542.24
570-500928	Family Caregiver	2015	\$16,500.00
		Subtotal	\$45,460.28

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Amounts
072-500575	Grants - Federal	2014	\$36,806.11
570-500928	Family Caregiver	2014	\$13,380.27
072-500575	Grants - Federal	2015	\$27,159.99
570-500928	Family Caregiver	2015	\$40,961.98
		Subtotal	\$118,308.35

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account		Class Title	State Fiscal Year	Amounts
072-500575		Grants - Federal	2014	\$33,783.79
570-500928		Family Caregiver	2014	\$19,587.04
072-500575		Grants - Federal	2015	\$20,329.29
570-500928		Family Caregiver	2015	\$38,621.06
			Subtotal	\$112,321.18

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account		Class Title	State Fiscal Year	Amounts
072-500575		Grants - Federal	2014	\$38,042.87
570-500928		Family Caregiver	2014	\$22,447.49
072-500575		Grants - Federal	2015	\$23,721.48
570-500928		Family Caregiver	2015	\$47,532.85
			Subtotal	\$131,744.69

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account		Class Title	State Fiscal Year	Amounts
072-500575		Grants - Federal	2014	\$27,584.85
570-500928		Family Caregiver	2014	\$38,988.00
072-500575		Grants - Federal	2015	\$8,609.99
570-500928		Family Caregiver	2015	\$78,360.00
			Subtotal	\$153,542.84

Monadnock Collaborative (Vendor # 159303)

Class/Account		Class Title	State Fiscal Year	Amounts
072-500575		Grants - Federal	2014	\$27,953.64
570-500928		Family Caregiver	2014	\$34,453.80
072-500575		Grants - Federal	2015	\$13,205.70
570-500928		Family Caregiver	2015	\$70,338.63
			Subtotal	\$145,951.77

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Amounts
072-500575	Grants - Federal	2014	\$13,743.26
570-500928	Family Caregiver	2014	\$11,902.00
072-500575	Grants - Federal	2015	\$8,497.43
570-500928	Family Caregiver	2015	\$23,410.00
		Subtotal	\$57,552.69

Total 7872	\$843,449.91

05-95-48-481010-8925 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, MEDICAL SERVICE GRANTS (100% Federal Funds)

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$11,445.94
102-500731	Contracts for Program Services	2015	\$21,299.00
		Subtotal	\$32,744.94

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$10,913.00
102-500731	Contracts for Program Services	2015	\$17,986.00
		Subtotal	\$28,899.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$7,008.59
102-500731	Contracts for Program Services	2015	\$18,304.16
		Subtotal	\$25,312.75

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$14,911.91
102-500731	Contracts for Program Services	2015	\$25,948.65
		Subtotal	\$40,860.56

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$11,052.67
102-500731	Contracts for Program Services	2015	\$21,519.85
		Subtotal	\$32,572.52

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$21,164.00
102-500731	Contracts for Program Services	2015	\$46,976.00
		Subtotal	\$68,140.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$42,112.84
102-500731	Contracts for Program Services	2015	\$79,020.32
		Subtotal	\$121,133.16

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$6,371.15
102-500731	Contracts for Program Services	2015	\$11,087.20
		Subtotal	\$17,458.35

Total 8925	\$367,121.28

**05-95-48-481010-3317 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS,
HHS: ELDERLY AND ADULT SERVICES, GRANTS TO LOCALS, ADMIN ON AGING SVCS
GRANT - SMPP (75% Federal Funds; 25% General Funds)**

Community Action Program Belknap-Merrimack Counties, Inc. (Vendor #177203)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$17,946.00
102-500731	Contracts for Program Services	2015	\$39,297.00
		Subtotal	\$57,243.00

Behavioral Health & Development Services of Strafford County, Inc. (Vendor #177278)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$10,813.00
102-500731	Contracts for Program Services	2015	\$22,310.00
		Subtotal	\$33,123.00

Crotched Mountain Community Care, Inc. (Vendor # 177293)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$11,573.94
102-500731	Contracts for Program Services	2015	\$28,381.00
		Subtotal	\$39,954.94

Easter Seals New Hampshire, Inc. (Vendor # 177204)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$8,499.81
102-500731	Contracts for Program Services	2015	\$10,396.97
		Subtotal	\$18,896.78

Grafton County Senior Citizens Council, Inc. (Vendor # 177675)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$9,460.04
102-500731	Contracts for Program Services	2015	\$12,173.50
		Subtotal	\$21,633.54

Lakes Region Partnership for Public Health (Vendor # 165635)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$16,869.00
102-500731	Contracts for Program Services	2015	\$42,224.00
		Subtotal	\$59,093.00

Monadnock Collaborative (Vendor # 159303)

Class/Account	Class Title	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$21,800.22
102-500731	Contracts for Program Services	2015	\$43,915.78
		Subtotal	\$65,716.00

Tri County Community Action Program, Inc. (Vendor # 177195)

Class/Account	Contracts for Program Svcs	State Fiscal Year	Amounts
102-500731	Contracts for Program Services	2014	\$9,688.86
102-500731	Contracts for Program Services	2015	\$12,026.06
		Subtotal	\$21,714.92

Total 3317	\$317,375.18

GRAND TOTAL	\$4,334,595.00

Subject: New Hampshire ServiceLink Resource Centers Program**AGREEMENT**

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners of Strafford County		1.4 Contractor Address 113 Crosby Road Dover, NH 03820	
1.5 Contractor Phone Number (603) 516-9300	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$347,772.
1.9 Contracting Officer for State Agency <i>Mary Maggioncalda</i>		1.10 State Agency Telephone Number <i>603-271-9096</i>	
1.11 Contractor Signature <i>Brian Collins</i>		1.12 Name and Title of Contractor Signatory <i>Brian Collins, Executive Director</i>	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Strafford</u> On <u>12/3/13</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 <i>Martha J. Green</i> [Seal]			
1.13.2 Name and Title of Notary or Justice of the Peace <i>Martha J. Green, Notary</i>		MARTHA J. GREEN Notary Public - New Hampshire My Commission Expires March 4, 2014	
1.14 State Agency Signature <i>Sh R Rockburn</i>		1.15 Name and Title of State Agency Signatory <i>Sheri Rockburn Acting Assoc. Commissioner</i>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <i>Rosemary</i> On: <i>12-4-13</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.

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

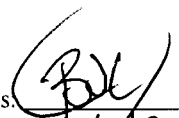
6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any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

7. PERSONNEL.

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

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

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


12/31/13

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

14. INSURANCE.

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

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skilled nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Strafford County.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs

4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and

4.1.1.3. A feedback loop to modify activities as needed.

4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.

4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.

4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.

4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:

4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and

4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



Exhibit A

- 4.2. Options Counseling
- 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
- 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
- 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
- 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
- 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
- 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
- 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
- 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

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- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
- 4.3.1. Intake and Screening
- 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
- 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
- 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
- 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
- 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
- 4.3.3. Tracking Eligibility Status
- 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

- Eligibility System, NH Easy, and other program specific systems.
Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



Exhibit A

- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs.

Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



Exhibit A

4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



Exhibit A

- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
- 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
- 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
- 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
- 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



Exhibit A

- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.

6.5. Information Technology and Management Information Systems

- 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
- 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
- 6.5.3. The Department's current hardware standards are as follows:
 - Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
 - High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
 - The Department does not currently use or support Windows 8.
- 6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.
- 6.6. Continuous Improvement
- 6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.
- 6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.
7. Performance Tracking and Reporting
- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;
 8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



Exhibit A

7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source. There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



Exhibit A

Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



Exhibit A

Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP):	
Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determine future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

- 8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.3. Develop a Staffing Contingency Plan, including but not limited to:
- 8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.3.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
- Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
- The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

Assess the ethnic/cultural needs, resources and assets of their community.
Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
When feasible and appropriate, provide clients of minimal English skills with interpretation services.

Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

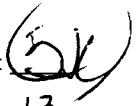
Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
Financial Manager
Bureau of Elderly and Adult Services
Department of Health and Human Services

Contractor Initials: 

Date: 12-3-13



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

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

Bidder/Program Name: Community Partners

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 1/1/14 - 6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 28,587	\$ -	\$ 28,587	\$ 1,287	\$ -	\$ 1,287	\$ 27,300	\$ -	\$ 27,300
2. Employee Benefits	\$ 13,976	\$ -	\$ 13,976	\$ 636	\$ -	\$ 636	\$ 13,340	\$ -	\$ 13,340
3. Consultants	\$ -	\$ 225	\$ 225	\$ -	\$ 225	\$ 225	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Renal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ 563	\$ 563	\$ -	\$ 563	\$ 563	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 4,500	\$ -	\$ 4,500	\$ -	\$ -	\$ -	\$ 4,500	\$ -	\$ 4,500
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,125	\$ -	\$ 1,125	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 563	\$ -	\$ 563	\$ 57	\$ -	\$ 57	\$ 506	\$ -	\$ 506
7. Occupancy	\$ 4,862	\$ -	\$ 4,862	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 6,050	\$ -	\$ 6,050	\$ 135	\$ -	\$ 135	\$ 5,915	\$ -	\$ 5,915
Postage	\$ -	\$ 563	\$ 563	\$ -	\$ 563	\$ 563	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 225	\$ 225	\$ -	\$ 225	\$ 225	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 225	\$ 225	\$ -	\$ 225	\$ 225	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 225	\$ 225	\$ -	\$ 225	\$ 225	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ 225	\$ 225	\$ -	\$ 225	\$ 225	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 338	\$ 12	\$ 350	\$ -	\$ 12	\$ 12	\$ 338	\$ -	\$ 338
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ 225	\$ 225	\$ -	\$ 225	\$ 225	\$ -	\$ -	\$ -
Advertising	\$ -	\$ 225	\$ 225	\$ -	\$ 225	\$ 225	\$ -	\$ -	\$ -
TOTAL	\$ 60,001	\$ 8,689	\$ 68,690	\$ 2,115	\$ 3,285	\$ 5,400	\$ 51,899	\$ 4,501	\$ 56,500

Indirect As A Percent of Direct

14%

155%

9%

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

Bidder/Program Name: Community Partners

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 1/1/14 - 6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to Be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 17,719	\$ -	\$ 17,719	\$ 715	\$ -	\$ 715	\$ 17,004	\$ -	\$ 17,004
2. Employee Benefits	\$ 8,649	\$ -	\$ 8,649	\$ 353	\$ -	\$ 353	\$ 8,296	\$ -	\$ 8,296
3. Consultants	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ 313	\$ 313	\$ -	\$ 313	\$ 313	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 2,500	\$ -	\$ 2,500	\$ -	\$ -	\$ -	\$ 2,500	\$ -	\$ 2,500
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ 625	\$ 625	\$ -	\$ 94	\$ 94	\$ -	\$ 531	\$ 531
6. Travel	\$ 313	\$ -	\$ 313	\$ 32	\$ -	\$ 32	\$ 281	\$ -	\$ 281
7. Occupancy	\$ -	\$ 2,250	\$ 2,250	\$ -	\$ 225	\$ 225	\$ -	\$ 2,025	\$ 2,025
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 4,250	\$ -	\$ 4,250	\$ 75	\$ -	\$ 75	\$ 4,175	\$ -	\$ 4,175
Postage	\$ -	\$ 313	\$ 313	\$ -	\$ 313	\$ 313	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 188	\$ -	\$ 188	\$ -	\$ 7	\$ 7	\$ 188	\$ -	\$ 188
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
Advertising	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
TOTAL	\$ 33,619	\$ 4,382	\$ 38,001	\$ 1,175	\$ 1,826	\$ 3,001	\$ 32,444	\$ 2,556	\$ 35,000

Indirect As A Percent of Direct

15%

155%

8%

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

Bidder/Program Name: Community Partners

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 1/1/14 - 8/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share			
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	
1. Total Salary/Wages	\$ 5,031	\$ -	\$ 5,031	\$ 143	\$ -	\$ 143	\$ -	\$ 4,888	\$ -	\$ 4,888
2. Employee Benefits	\$ 2,396	\$ -	\$ 2,396	\$ 70	\$ -	\$ 70	\$ -	\$ 2,326	\$ -	\$ 2,326
3. Consultants	\$ -	\$ 25	\$ 25	\$ -	\$ 25	\$ 25	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ 63	\$ 63	\$ -	\$ 63	\$ 63	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ 500	\$ -	\$ 500	\$ -	\$ -	\$ -	\$ 500	\$ -	\$ 500	\$ 500
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 126	\$ -	\$ 126	\$ -	\$ 19	\$ 19	\$ -	\$ -	\$ 107	\$ 107
6. Travel	\$ 63	\$ -	\$ 63	\$ 7	\$ -	\$ 7	\$ -	\$ 57	\$ -	\$ 57
7. Occupancy	\$ -	\$ 450	\$ 450	\$ -	\$ 45	\$ 45	\$ -	\$ -	\$ 405	\$ 405
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 450	\$ -	\$ 450	\$ 15	\$ -	\$ 15	\$ -	\$ 435	\$ -	\$ 435
Postage	\$ -	\$ 63	\$ 63	\$ -	\$ 63	\$ 63	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 25	\$ 25	\$ -	\$ 25	\$ 25	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 25	\$ 25	\$ -	\$ 25	\$ 25	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 25	\$ 25	\$ -	\$ 25	\$ 25	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ 25	\$ 25	\$ -	\$ 25	\$ 25	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 33	\$ 2	\$ 34	\$ -	\$ 2	\$ 2	\$ -	\$ 33	\$ -	\$ 33
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ 25	\$ 25	\$ -	\$ 25	\$ 25	\$ -	\$ -	\$ -	\$ -
Advertising	\$ -	\$ 25	\$ 25	\$ -	\$ 25	\$ 25	\$ -	\$ -	\$ -	\$ -
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**New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

Bidder/Program Name: Community Partners

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 11/14 - 6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 6,604	\$ -	\$ 6,604	\$ 286	\$ -	\$ 286	\$ -	\$ -	\$ -
2. Employee Benefits	\$ 2,656	\$ -	\$ 2,656	\$ 142	\$ -	\$ 142	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ -	\$ 250	\$ 250	\$ -	\$ 38	\$ 38	\$ -	\$ 213	\$ 213
14. Travel	\$ 125	\$ -	\$ 125	\$ 13	\$ -	\$ 13	\$ -	\$ -	\$ 113
15. Occupancy	\$ -	\$ 900	\$ 900	\$ -	\$ 90	\$ 90	\$ -	\$ 810	\$ 810
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 900	\$ -	\$ 900	\$ 30	\$ -	\$ 30	\$ -	\$ -	\$ -
18. Postage	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ 78	\$ -	\$ 78	\$ 3	\$ -	\$ 3	\$ -	\$ 75	\$ 75
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Printing	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
29. Advertising	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
30. TOTAL	\$ 10,363	\$ 1,750	\$ 12,113	\$ 473	\$ 728	\$ 1,201	\$ 9,890	\$ 1,023	\$ 10,913

Indirect As A Percent of Direct

17%

134%

10%

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

Bidder/Program Name: Community Partners

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 11/14 - 8/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 6,604	\$ -	\$ 6,604	\$ 266	\$ -	\$ 266	\$ 6,318	\$ -	\$ 6,318
2. Employee Benefits	\$ 2,556	\$ -	\$ 2,556	\$ 142	\$ -	\$ 142	\$ 2,415	\$ -	\$ 2,415
3. Consultants	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 125	\$ -	\$ 125	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ 900	\$ 900	\$ 13	\$ -	\$ 13	\$ 113	\$ -	\$ 113
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 900	\$ -	\$ 900	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ 125	\$ 125	\$ 30	\$ -	\$ 30	\$ 870	\$ -	\$ 870
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
Marketing/Communications	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
10. Staff Education and Training	\$ 78	\$ -	\$ 78	\$ 3	\$ -	\$ 3	\$ 75	\$ -	\$ 75
11. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (specific details mandatory)	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
Printing	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
Advertising	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
TOTAL	\$ 10,263	\$ 1,750	\$ 12,013	\$ 473	\$ 728	\$ 1,200	\$ 9,790	\$ 1,023	\$ 10,813

Indirect As A Percent of Direct

17%

154%

10%

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

Bidder/Program Name: Community Partners

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 57,174	\$ -	\$ 57,174	\$ 2,574	\$ -	\$ 2,574	\$ -	\$ -	\$ -
2. Employee Benefits	\$ 28,041	\$ -	\$ 28,041	\$ 1,272	\$ -	\$ 1,272	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ 1,125	\$ 1,125	\$ -	\$ 1,125	\$ 1,125	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 1,125	\$ 1,125	\$ 2,250	\$ -	\$ 338	\$ 338	\$ -	\$ 1,913	\$ 1,913
14. Travel	\$ 1,126	\$ -	\$ 1,126	\$ 113	\$ -	\$ 113	\$ -	\$ 1,013	\$ 1,013
15. Occupancy	\$ 4,862	\$ -	\$ 4,862	\$ -	\$ 810	\$ 810	\$ -	\$ 7,290	\$ 7,290
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 12,100	\$ -	\$ 12,100	\$ 270	\$ -	\$ 270	\$ -	\$ -	\$ -
18. Postage	\$ -	\$ 1,125	\$ 1,125	\$ -	\$ 1,125	\$ 1,125	\$ -	\$ -	\$ -
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ 585	\$ 23	\$ 608	\$ -	\$ 23	\$ 23	\$ -	\$ 585	\$ 585
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Printing	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ -	\$ -
29. Advertising	\$ -	\$ 450	\$ 450	\$ -	\$ 450	\$ 450	\$ -	\$ -	\$ -
TOTAL	\$ 105,013	\$ 11,410	\$ 116,423	\$ 4,229	\$ 6,571	\$ 10,800	\$ 94,797	\$ 9,203	\$ 104,000

Indirect As A Percent of Direct

11%

155%

10%

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

Bidder/Program Name: Community Partners

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 35,438	\$ -	\$ 35,438	\$ 1,430	\$ -	\$ 1,430	\$ 34,008	\$ -	\$ 34,008
2. Employee Benefits	\$ 17,347	\$ -	\$ 17,347	\$ 706	\$ -	\$ 706	\$ 16,641	\$ -	\$ 16,641
3. Consultants	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Renal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ 625	\$ 625	\$ -	\$ 625	\$ 625	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ 1,251	\$ 1,251	\$ -	\$ 188	\$ 188	\$ -	\$ -	\$ -
6. Travel	\$ -	\$ 626	\$ 626	\$ 63	\$ -	\$ 63	\$ 563	\$ -	\$ 563
7. Occupancy	\$ -	\$ 4,500	\$ 4,500	\$ -	\$ 450	\$ 450	\$ -	\$ 4,050	\$ 4,050
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 8,500	\$ -	\$ 8,500	\$ 150	\$ -	\$ 150	\$ 8,350	\$ -	\$ 8,350
Postage	\$ -	\$ 625	\$ 625	\$ -	\$ 625	\$ 625	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 325	\$ 13	\$ 338	\$ -	\$ 13	\$ 13	\$ 325	\$ -	\$ 325
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
Advertising	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
TOTAL	\$ 62,236	\$ 8,764	\$ 71,000	\$ 2,448	\$ 3,651	\$ 6,099	\$ 59,887	\$ 5,113	\$ 65,000

14%

155%

9%

Indirect As A Percent of Direct

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

Bidder/Program Name: Community Partners

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 10,270	\$ -	\$ 10,270	\$ 266	\$ -	\$ 266	\$ -	\$ -	\$ -
2. Employee Benefits	\$ 4,585	\$ -	\$ 4,585	\$ 140	\$ -	\$ 140	\$ 4,445	\$ -	\$ 4,445
3. Consultants	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ 251	\$ 251	\$ -	\$ 38	\$ 38	\$ -	\$ 213	\$ 213
6. Travel	\$ 126	\$ -	\$ 126	\$ 13	\$ -	\$ 13	\$ 113	\$ -	\$ 113
7. Occupancy	\$ -	\$ 900	\$ 900	\$ -	\$ 90	\$ 90	\$ -	\$ 810	\$ 810
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 900	\$ -	\$ 900	\$ 30	\$ -	\$ 30	\$ 870	\$ -	\$ 870
Postage	\$ -	\$ 125	\$ 125	\$ -	\$ 125	\$ 125	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
9. Marketing/Communications	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
10. Staff Education and Training	\$ 65	\$ 3	\$ 68	\$ -	\$ 3	\$ 3	\$ 65	\$ -	\$ 65
11. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
Advertising	\$ -	\$ 50	\$ 50	\$ -	\$ 50	\$ 50	\$ -	\$ -	\$ -
TOTAL	\$ 15,946	\$ 1,754	\$ 17,700	\$ 469	\$ 731	\$ 1,200	\$ 15,477	\$ 1,023	\$ 16,500

Indirect As A Percent of Direct

11%

156%

7%

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

Bidder/Program Name: Community Partners

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 13,208	\$ -	\$ 13,208	\$ 572	\$ -	\$ 572	\$ 12,636	\$ -	\$ 12,636
2. Employee Benefits	\$ 1,493	\$ -	\$ 1,493	\$ 283	\$ -	\$ 283	\$ 1,210	\$ -	\$ 1,210
3. Consultants	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Renial	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ 500	\$ 500	\$ -	\$ 75	\$ 75	\$ -	\$ 425	\$ 425
6. Travel	\$ 250	\$ -	\$ 250	\$ 25	\$ -	\$ 25	\$ 225	\$ -	\$ 225
7. Occupancy	\$ -	\$ 1,800	\$ 1,800	\$ -	\$ 180	\$ 180	\$ -	\$ 1,620	\$ 1,620
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,800	\$ -	\$ 1,800	\$ 60	\$ -	\$ 60	\$ 1,740	\$ -	\$ 1,740
Postage	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 135	\$ -	\$ 135	\$ -	\$ -	\$ -	\$ 130	\$ -	\$ 130
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
Advertising	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
TOTAL	\$ 16,886	\$ 3,500	\$ 20,386	\$ 945	\$ 1,455	\$ 2,400	\$ 15,941	\$ 2,045	\$ 17,986

Indirect As A Percent of Direct

21%

134%

13%

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

Bidder/Program Name: Community Partners

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 13,208	\$ -	\$ 13,208	\$ 572	\$ -	\$ 572	\$ 12,636	\$ -	\$ 12,636
2. Employee Benefits	\$ 5,817	\$ -	\$ 5,817	\$ 283	\$ -	\$ 283	\$ 5,534	\$ -	\$ 5,534
3. Consultants	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Renal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ 500	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 250	\$ -	\$ 250	\$ 75	\$ -	\$ 75	\$ 175	\$ -	\$ 175
7. Occupancy	\$ -	\$ 1,800	\$ 1,800	\$ 25	\$ -	\$ 25	\$ 1,775	\$ -	\$ 1,775
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,800	\$ -	\$ 1,800	\$ 60	\$ -	\$ 60	\$ 1,740	\$ -	\$ 1,740
Postage	\$ -	\$ 250	\$ 250	\$ -	\$ 250	\$ 250	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
Insurance	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 135	\$ -	\$ 135	\$ 5	\$ -	\$ 5	\$ 130	\$ -	\$ 130
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
Advertising	\$ -	\$ 100	\$ 100	\$ -	\$ 100	\$ 100	\$ -	\$ -	\$ -
TOTAL	\$ 21,210	\$ 3,500	\$ 24,710	\$ 945	\$ 1,455	\$ 2,400	\$ 20,285	\$ 2,045	\$ 22,310

Indirect As A Percent of Direct

17%

154%

10%

NH Department of Health and Human Services

STANDARD EXHIBIT C

SPECIAL PROVISIONS

1. 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:

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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:

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 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:

9. 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:

9.1 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.

9.2 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.

9.3 Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor 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.

10.1 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.

10.2 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.

11. 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.

12. Reports: Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.

12.1 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.

12.2 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.

13. 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.

14. 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:

14.1 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.

15. 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.

16. 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.

17. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

SPECIAL PROVISIONS – 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.

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.

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services**STANDARD EXHIBIT D****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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) 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;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) 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);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) Abide by the terms of the statement; and
 - (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;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(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;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (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
 - (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;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) 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.

Community Partners of
Stratford County
(Contractor Name)

From: 1/1/14 To: 6/30/15
(Period Covered by this Certification)

Brian Collins, Exec. Director
(Name & Title of Authorized Contractor Representative)

Brian Collins
(Contractor Representative Signature)

12-3-13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT E

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

Contract Period: 4/1/14 through 4/30/15

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.

Brian Collins
 (Contractor Representative Signature)

Brian Collins
 (Authorized Contractor Representative Name & Title)

Community Partners of Stafford County
 (Contractor Name)

12-3-13
 (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

**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

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) 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;
 - (c) 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
 - (d) 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.
- (2) 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

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:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) 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).

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.

Brian Collins
(Contractor Representative Signature)

Brian Collins, Exec. Director
(Authorized Contractor Representative Name & Title)

Community Partners of Stratford County
(Contractor Name)

12-3-13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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 make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

Brian Collins
(Contractor Representative Signature)

Brian Collins, Exec. Director
(Authorized Contractor Representative Name & Title)

Community Partners of Strafford County
(Contractor Name)

12-3-13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT H

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.

Brian Collins
(Contractor Representative Signature)

Brian Collins, Exec. Director
(Authorized Contractor Representative Name & Title)

Community Partners of Stafford County
(Contractor Name)

12-3-13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 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 and those parts of the HITECH Act 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.

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- 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.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 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 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- 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, unreasonable, 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) 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, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do 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 HITECH Act, Subtitle D, Part 1, Sec. 13402 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 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. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. 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.
- d. 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)b and (3)k herein. 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 pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. 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.
- f. 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.
- g. 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.

- h. 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.
- i. 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.
- j. 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.
- k. 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 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 standard provision #10 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, and the HITECH Act as 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 and the HITECH Act.
- 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 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Department of Health & Human Services Community Partners of Stratford County
The State Agency Name Name of the Contractor

Sh. L. Rock
Signature of Authorized Representative

Brian Collins
Signature of Authorized Representative

Sheri L. Rockburn
Name of Authorized Representative

Brian Collins
Name of Authorized Representative

Acting Associate Comm.
Title of Authorized Representative

Exec. Director
Title of Authorized Representative

12/4/13
Date

12-3-13
Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

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.

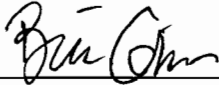
In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 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:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. 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.



Brian Collins, Exec. Director

(Contractor Representative Signature)

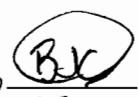
(Authorized Contractor Representative Name & Title)

Community Partners of Stafford County

12-3-13

(Contractor Name)

(Date)

Contractor initials: 

Date: 12-3-13

Page # 1 of Page # 2

NH Department of Health and Human Services

STANDARD EXHIBIT J

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: 149406691

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: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Contractor initials: BIC

Date: 12-3-13

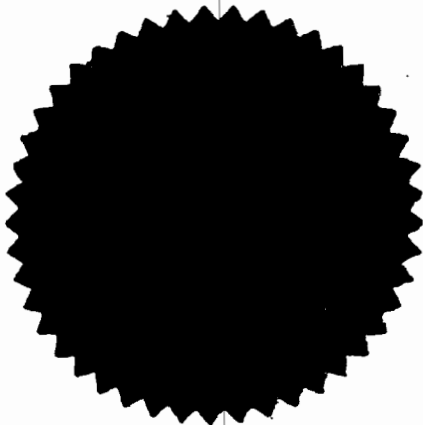
Page # 2 of Page # 2

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 BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. is a New Hampshire nonprofit corporation formed September 24, 1982. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of April A.D. 2013

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

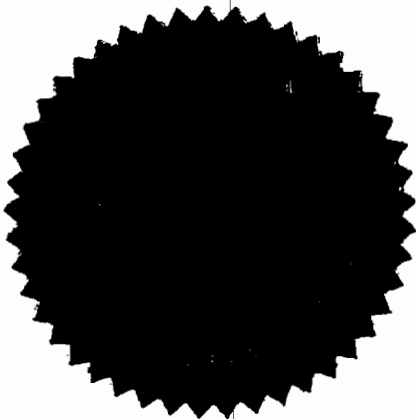
William M. Gardner
Secretary of State

State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COMMUNITY PARTNERS OF STRAFFORD COUNTY is a New Hampshire trade name registered on October 27, 2003 and that BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. presently own(s) this trade name. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 5th day of April, A.D. 2013

A handwritten signature in cursive script, reading "William M. Gardner", written in dark ink.

William M. Gardner
Secretary of State



CERTIFICATE OF VOTE

I, Matthew Sylvia, do hereby certify that:

1. I am the duly elected **Treasurer** of Behavioral Health & Developmental Services of Strafford County, Inc., d/b/a Community Partners (hereinafter the "Corporation").
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation held on **December 3, 2013**.

RESOLVED: That this Corporation enter into contract with the State of New Hampshire, acting through its Department of Health & Human Services, Division of Community Based Care Services, Bureau of Elderly & Adult Services, concerning the following matter:

ServiceLink program to provide information and referral services for all populations seeking public funded long term supports and services in Strafford County.

RESOLVED: That the **Executive Director** hereby is 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, and any amendments, revisions, or modifications thereto, as he may deem necessary, desirable or appropriate.

The foregoing resolutions have not been amended or revoked and remain in full force and effect as of **December 3, 2013**.

Brian Collins is the duly elected **Executive Director** of the Corporation.

Signature of Board Treasurer

State of New Hampshire
County of Strafford

The foregoing instrument was acknowledged before me on this **3rd** day of **December 2013**, by **Matthew Sylvia**.

Martha J. Green, Notary

My Commission Expires: March 4, 2014

113 Crosby Road
Suite 1
Dover, NH 03820
(603) 516-9300
Fax: (603) 743-3244

50 Chestnut Street
Dover, NH 03820
(603) 516-9300
Fax: (603) 743-1850

25 Old Dover Road
Rochester, NH 03867
(603) 516-9300
Fax: (603) 335-9278

A United Way
Partner Agency



Community Partners

Behavioral Health & Developmental Services of Strafford County, Inc.



Community Partners Mission Statement

*Our mission is to promote respect, wellness, full inclusion,
and empowerment of individuals and their families who
experience mental illness, emotional distress,
developmental disability, chronic health needs,
or acquired brain disorder.*

113 Crosby Road
Suite 1
Dover, NH 03820
(603) 516-9300
Fax: (603) 743-3244

50 Chestnut Street
Dover, NH 03820
(603) 516-9300
Fax: (603) 516-7370

25 Old Dover Road
Rochester, NH 03867
(603) 516-9300
Fax: (603) 335-9278

A United Way
Partner Agency



*By identifying and creating opportunities for people, in
close collaboration with a network of local agencies, we will
promote independence and interdependence and help the
people we serve to realize their maximum potential.
We are committed to educate the community at large about
our mission*

*The agency will provide staff with opportunities
for professional growth so they may contribute to the overall
achievement of the agency's mission.*

*Revised Jan/2002
Reaffirmed Sept.2012*

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/03/2013

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 USI Insurance Services LLC PO Box 406 Portland, ME 04112-0406	CONTACT NAME: Melissa Ledoux PHONE (A/C, No, Ext): 207-239-3660 FAX (A/C, No): 207-775-0339 E-MAIL ADDRESS: <table border="1"> <tr> <th data-bbox="824 426 1453 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1453 426 1581 451">NAIC #</th> </tr> <tr> <td data-bbox="824 451 1453 483">INSURER A : Philadelphia Indemnity Insuranc</td> <td data-bbox="1453 451 1581 483">18058</td> </tr> <tr> <td data-bbox="824 483 1453 514">INSURER B : Philadelphia Insurance Company</td> <td data-bbox="1453 483 1581 514">23850</td> </tr> <tr> <td data-bbox="824 514 1453 546">INSURER C : NH Employers Insurance Company</td> <td data-bbox="1453 514 1581 546">13083</td> </tr> <tr> <td data-bbox="824 546 1453 577">INSURER D :</td> <td data-bbox="1453 546 1581 577"></td> </tr> <tr> <td data-bbox="824 577 1453 609">INSURER E :</td> <td data-bbox="1453 577 1581 609"></td> </tr> <tr> <td data-bbox="824 609 1453 640">INSURER F :</td> <td data-bbox="1453 609 1581 640"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Insuranc	18058	INSURER B : Philadelphia Insurance Company	23850	INSURER C : NH Employers Insurance Company	13083	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															
INSURED Behavioral Health & Developmental Services 113 Crosby Road Suite 1 Dover, NH 03820															

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC			PHPK1040451	07/01/2013	07/01/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS			PHPK1040451	07/01/2013	07/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☒ RETENTION \$10000	☐ OCCUR ☐ CLAIMS-MADE		PHUB425911	07/01/2013	07/01/2014	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☒ Y ☐ N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	ECC600400006	07/01/2013	07/01/2014	WC STATUTORY LIMITS ☒ OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	EE Dishonesty			PHPK1040451	07/01/2013	07/01/2014	500,000/5,000 Ded.
B	Director&Officer			PHSD759145	07/01/2013	07/01/2014	5,000,000

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

This Evidence of Insurance is issued as a matter of information only and confers no rights upon the holder and does not amend, extend or alter the coverage afforded by policies designated on the Evidence.

CERTIFICATE HOLDER State of New Hampshire Dept of Health & Human Services Bureau of Elderly & Adult Services 129 Pleasant Street Concord, NH 03301-6504	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 



CONSOLIDATED FINANCIAL STATEMENTS

and

SUPPLEMENTAL INFORMATION

June 30, 2012 and 2011

With Independent Auditors' Report



INDEPENDENT AUDITORS' REPORT

Board of Directors

Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners and Subsidiaries

We have audited the consolidated statements of financial position of Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners and Subsidiaries (the Organization) as of June 30, 2012 and 2011, and the related consolidated statements of activities, functional revenue and expenses, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on the 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 audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners and Subsidiaries as of June 30, 2012 and 2011, and the consolidated changes in their net assets and their consolidated cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Our audits were made for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The information included in the accompanying consolidating schedules is presented for purposes of additional analysis and is not a required part of the basic 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 basic consolidated financial statements. The information has been subjected to the audit 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 basic consolidated financial statements or the basic consolidated financial statements themselves, and other 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 basic consolidated financial statements taken as a whole.

Berry, Dunn, McNeil & Parker

Manchester, New Hampshire
November 7, 2012

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Consolidated Statements of Financial Position

June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
ASSETS		
Cash and cash equivalents	\$ 2,106,311	\$ 2,315,290
Restricted cash	156,519	155,163
Accounts receivable, net of allowance for doubtful accounts	2,087,591	1,255,648
Grants receivable	20,289	15,805
Prepaid expenses	411,448	452,506
Property and equipment, net	<u>2,231,097</u>	<u>2,326,328</u>
Total assets	<u>\$ 7,013,255</u>	<u>\$ 6,520,740</u>
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts payable	\$ 589,135	\$ 409,102
Accrued expenses	883,257	736,029
Refundable advances	996,749	843,805
Loan fund	88,596	88,320
Notes payable	<u>761,907</u>	<u>850,823</u>
Total liabilities	<u>3,319,644</u>	<u>2,928,079</u>
Commitments and contingencies (Note 7)		
Net assets		
Unrestricted	3,597,093	3,509,758
Temporarily restricted	<u>96,518</u>	<u>82,903</u>
Total net assets	<u>3,693,611</u>	<u>3,592,661</u>
Total liabilities and net assets	<u>\$ 7,013,255</u>	<u>\$ 6,520,740</u>

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

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Consolidated Statements of Activities

Years Ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Changes in unrestricted net assets		
Public support and revenue		
Medicaid revenue	\$ 21,849,714	\$ 21,497,967
Medicare revenue	152,534	175,729
Client resources	1,391,820	1,466,675
Contract revenue	646,231	572,448
Grant income	387,563	315,057
Interest income	1,096	1,896
Other program revenue	59,374	33,381
Public support	59,740	64,896
Other revenue	<u>174,395</u>	<u>218,703</u>
Total public support and revenue	<u>24,722,467</u>	24,346,752
Net assets released from restrictions	<u>33,020</u>	<u>22,064</u>
Total public support, revenue, and reclassifications	<u>24,755,487</u>	<u>24,368,816</u>
Expenses		
Program services		
Case management	1,887,441	1,978,706
Day programs and community support	6,509,680	6,234,372
Early support services and youth and family	3,408,030	3,457,224
Family support	607,518	644,701
Residential services	5,484,782	5,477,058
Combined residential, day and consolidated services	3,940,153	3,431,267
Medical services	96,718	93,308
Adult services	299,098	384,890
Emergency services	592,081	611,855
Other	<u>443,200</u>	<u>477,939</u>
Total program expenses	<u>23,268,701</u>	22,791,320
Supporting services		
General management	<u>1,399,452</u>	<u>1,546,825</u>
Total expenses	<u>24,668,153</u>	<u>24,338,145</u>
Total change in unrestricted net assets	<u>87,334</u>	<u>30,671</u>
Changes in temporarily restricted net assets		
Grant income	42,557	88,488
United Way allocation	4,079	4,242
Net assets released from restrictions	<u>(33,020)</u>	<u>(22,064)</u>
Total change in temporarily restricted net assets	<u>13,616</u>	<u>70,666</u>
Total change in net assets	100,950	101,337
Net assets, beginning of year	<u>3,592,661</u>	<u>3,491,324</u>
Net assets, end of year	<u>\$ 3,693,611</u>	<u>\$ 3,592,661</u>

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC., D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statement of Functional Revenue and Expenses

Year Ended June 30, 2012

	Case Management	Day Programs and Community Support	Early Support Services and Family	Family Support	Residential Services	Combined Residential, Day and Consolidated Services	Medical Services	Adult Services	Emergency Services	Other	Total Program	General Management	Total
Revenue													
Medicaid revenue	\$ 2,144,733	\$ 5,747,486	\$ 3,322,702	\$ 283,321	\$ 5,822,722	\$ 4,091,043	\$ -	\$ 314,105	\$ 63,842	\$ 38,780	\$ 21,848,714	\$ -	\$ 21,848,714
Medicaid revenue	-	103,127	-	-	-	-	(44)	48,451	48,211	-	152,534	-	152,534
Client resources	48,369	95,516	288,711	-	654,594	197,165	-	70,252	-	-	1,391,820	-	1,391,820
Contract revenue	4,831	150,776	55,154	-	800	41,990	200,820	35,132	3,856	70,000	646,231	-	646,231
Grant income	29,356	72,722	110,878	29,615	5,985	878	-	-	-	124,903	374,237	13,328	387,463
Interest income	-	-	-	-	-	-	-	-	-	54	54	-	1,096
Other program revenue	-	41,646	675	-	-	-	-	10,651	-	22,557	53,374	6,000	59,374
Public support	18,636	5,853	1,124	9,208	-	-	-	-	-	108,703	151,756	1,662	174,395
Other revenue	1,399	37,658	2,214	70	-	337	176	1	-	-	-	22,637	-
Total functional public support and revenue	2,245,678	6,261,300	3,781,588	399,349	6,484,101	4,321,213	200,957	479,782	126,429	387,357	24,677,800	44,667	24,722,467
Net assets released from restrictions	4,078	-	-	-	-	-	-	-	-	28,641	33,020	-	33,020
Total public support, revenue and reclassifications	2,249,755	6,261,300	3,781,588	399,349	6,484,101	4,321,213	200,957	479,782	126,429	388,338	24,710,820	44,667	24,755,487
Expenses													
Salaries and wages	1,171,709	3,219,770	2,026,566	133,346	746,694	716,253	75,320	199,304	392,843	190,654	6,672,661	1,023,311	6,900,972
Employee benefits	304,690	1,078,650	551,405	68,077	240,589	276,928	4,532	8,294	83,433	83,630	2,796,226	190,185	2,896,413
Payroll taxes	93,643	272,586	164,605	10,833	60,555	70,925	3,820	15,046	29,735	18,313	740,785	88,262	809,025
Contracted substitute staff	2,310	6,459	255	-	1,446	3	3	6	57	11	13,574	19,702	33,276
Client treatment services	28,025	36,962	2,087	219,471	2,785,165	1,225,943	-	10,170	-	18,655	4,311,808	892	4,312,700
Client therapies	22,912	1,711	99,001	3,580	143,976	22,037	-	-	-	-	303,387	-	303,387
Professional fees and consultants	36,004	82,784	172,282	2,867	22,259	15,746	1,104	51,174	13,428	10,069	419,529	(66,059)	333,470
Subcontractors	-	646,196	-	-	1,275,133	1,151,140	-	-	-	1,391	3,074,431	21,346	3,076,568
Self development/training	5,179	86,380	19,156	-	6,341	5,088	736	2,896	2,197	1,869	115,180	-	126,558
Rent	18,521	125,732	50,058	-	13,688	7,044	1,025	1,982	11,637	1,585	222,689	8,177	226,866
Utilities	10,521	63,961	34,646	1,424	13,586	15,396	544	461	3,541	5,757	120,542	1,110	126,709
Building maintenance and repairs	12,831	36,507	20,527	1,271	11,520	7,797	1,359	3,702	2,456	1,312	78,135	1,110	80,557
Office occupancy costs	14,525	28,557	12,527	1,271	13,586	15,396	544	461	3,541	5,757	120,542	1,110	126,709
Other occupancy costs	9,095	17,924	8,259	2,824	3,802	3,400	188	812	3,388	2,488	81,547	4,062	86,100
Building/household	3,968	17,809	41,116	783	4,800	3,028	59	272	1,164	589	38,841	4,062	42,903
Client consumables	2,500	41,116	17,544	10,127	22,810	40,208	7	34	256	1,268	135,068	525	136,223
Medical	496	2,089	1,080	-	1,027	920	21	42	612	43	8,131	91	8,222
Equipment maintenance	14,643	42,930	33,864	678	2,167	1,604	966	734	6,712	1,687	108,254	10,533	116,837
Depreciation	31,215	127,138	58,138	6,004	28,233	28,273	462	925	9,461	3,671	293,883	23,969	317,782
Advertising	184	1,483	465	29	4,715	243	5	67	96	32	8,819	1,567	9,386
Printing	107	738	5,838	25	73	94	2	3	36	19	7,006	883	8,019
Telephone/communications	3,659	41,052	26,197	2,851	10,472	6,779	267	525	3,616	2,901	116,072	26,363	141,435
Postage/shipping	87,655	6,321	4,718	544	1,858	1,678	55	107	892	945	20,678	3,030	23,908
Transportation	3,868	52,864	47,065	9,330	39,199	64,675	395	8,627	4,161	645	592,507	10,804	603,311
Assistance to individuals	13,686	52,864	47,065	108,074	-	26,435	-	-	-	4,353	952,113	-	956,466
Insurance	59,139	37,257	37,257	2,638	8,530	8,279	5,838	527	5,408	3,535	144,115	8,066	153,181
Membership dues	14,525	18,757	18,757	312	1,965	980	54	107	1,109	5,893	34,746	14,525	32,589
Interest	2,158	18,709	1,922	2	37,422	-	2	4	40	57,919	105,697	(1,327)	104,340
Other	64	8,190	-	-	-	-	-	-	-	-	-	-	-
Total expenses	1,667,441	6,508,680	3,408,020	607,516	5,484,722	3,840,153	96,718	299,098	592,061	440,200	23,298,701	1,399,452	24,698,153
Increase (decrease) in unrestricted net assets	\$ 362,314	\$ (246,380)	\$ 373,568	\$ (208,189)	\$ 999,379	\$ 381,060	\$ 104,239	\$ 180,684	\$ (455,652)	\$ (48,862)	\$ 1,442,119	\$ (1,354,785)	\$ 87,334

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

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STAFFORD COUNTY, INC., DBIA COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidated Statement of Functional Revenue and Expenses

Year Ended June 30, 2011

	Case Management	Day Programs and Community Support	Early Support Services and Family	Family Support	Residential Services	Combined Residential, Day and Consolidated Services	Medical Services	Adult Services	Emergency Services	Other	Total Program	General Management	Total
Revenue													
Medicaid revenue	\$ 2,212,122	\$ 5,604,529	\$ 3,068,344	\$ 305,332	\$ 6,232,000	\$ 3,410,960	\$ -	\$ 255,003	\$ 89,174	\$ 40,443	\$ 21,497,987	\$ -	\$ 21,497,987
Medicare revenue	(4,717)	116,289	-	-	-	64,147	-	64,147	36,446	-	175,729	-	175,729
Client resources	46,526	96,240	337,269	-	690,106	191,973	-	95,113	56,446	70,000	1,469,675	-	1,469,675
Contract revenue	1,822	224,632	(15,416)	92,184	120	34,401	194,768	13,638	1,813	11,000	618,101	(48,633)	572,468
Grant income	15,000	33,497	104,782	12,998	-	-	-	-	24,329	111,041	301,447	13,410	315,657
Interest income	-	27,381	-	-	-	-	-	-	-	66	64	1,630	1,986
Other program revenue	-	-	-	-	-	-	-	-	-	33,509	27,381	6,391	33,951
Public support	16,810	3,471	340	9,492	289	-	-	-	-	130,092	191,001	26,902	216,705
Other revenue	27,010	44,379	5,416	1,005	-	-	142	57	-	-	191,001	-	216,705
Total functional public support and revenue	2,293,573	6,150,646	3,800,733	421,011	6,922,965	3,607,334	194,931	427,958	131,564	395,151	24,343,286	3,464	24,346,752
Net assets released from restrictions	4,180	62	-	-	-	-	-	-	-	17,622	22,964	-	22,964
Total public support, revenue and reclassifications	2,297,753	6,150,710	3,800,733	421,011	6,922,965	3,607,334	194,931	427,958	131,564	410,973	24,366,252	3,464	24,369,716
Expenses													
Salaries and wages	1,145,061	3,155,860	1,988,315	170,381	674,556	606,052	72,094	255,246	381,978	176,813	6,535,156	1,131,278	9,966,385
Employee benefits	351,802	1,121,578	636,899	99,763	296,278	274,650	3,788	49,204	107,251	60,314	3,004,628	235,108	3,239,936
Contract labor	92,623	272,655	162,749	14,945	74,741	55,301	3,515	18,929	28,759	15,790	738,607	81,283	820,190
Capital expenditures	62,719	63,585	9,459	-	-	7,710	23	284	594	106	47,620	16,154	63,774
Client travel services	63,457	63,457	-	-	-	-	-	-	-	-	-	-	-
Client therapies	24,009	7,788	111,832	231,597	2,974,495	658,705	-	-	-	14,375	4,208,419	-	4,208,419
Professional fees and consultants	24,009	88,516	160,782	3,519	13,733	10,618	1,778	-	-	80,156	196,239	-	196,239
Subcontractors	-	506,439	-	-	1,011,468	1,317,091	-	10,021	14,722	-	2,345,280	(103,153)	2,242,127
Staff development/training	3,601	32,512	22,731	644	1,533	1,205	3,574	866	1,107	5,707	83,860	288	86,468
Rent	32,431	98,003	42,282	1,109	5,138	6,666	1,527	12,386	18,489	4,571	61,860	2,415	64,275
Utilities	14,888	46,013	13,713	1,090	19,103	6,200	429	3,353	6,214	9,420	122,552	10,881	133,433
Building maintenance and repairs	16,717	51,084	16,665	943	18,461	6,073	429	3,875	6,214	9,420	117,402	6,582	123,984
Other occupancy costs	9,470	33,133	10,160	466	6,238	2,749	1,099	3,040	7,048	13,504	85,371	7,708	93,079
Office	7,474	25,848	23,835	1,511	6,744	2,749	1,099	1,814	3,278	1,184	73,325	31,070	104,395
Building/renovation	4,482	18,105	6,446	415	5,644	1,831	49	810	1,237	727	39,578	4,165	43,743
Client consumables	1,356	74,106	9,253	759	28,628	83,116	212	231	514	1,519	199,089	698	199,787
Medical	532	878	612	72	1,410	444	3	4	514	12	4,635	-	4,635
Equipment maintenance	15,422	38,482	31,031	72	2,827	721	277	3,966	6,534	1,669	100,685	10,660	111,343
Depreciation	32,945	110,185	60,260	8,656	30,586	28,970	370	4,809	8,742	5,302	293,885	22,432	316,317
Advertising	162	557	1,218	14	10,866	86	4	46	86	14	6,967	1,846	8,813
Printing	150	2,358	1,218	14	46	86	4	46	86	14	6,967	1,846	8,813
Telephone/communications	17,487	44,198	35,384	1,808	7,808	7,844	32	3,823	6,148	2,706	127,200	18,197	145,397
Postage/shipping	4,812	4,709	5,375	503	3,178	1,054	80	3,607	1,216	6,530	52,781	16,777	69,558
Transportation	57,650	313,147	94,106	6,865	37,877	40,884	336	818	3,646	6,530	52,781	16,777	69,558
Assistance to individuals	16,570	2,444	40	95,270	-	182,153	-	-	-	35,796	128,335	18,144	146,479
Insurance	13,149	49,960	32,844	13	9,151	7,278	3,228	2,243	4,542	1,574	19,056	14,399	33,457
Membership dues	2,027	7,220	7,235	13	177	80	268	592	1,199	219	43,095	1,864	44,768
Interest	3,850	20,535	3,816	446	2,138	1,493	144	1,016	2,394	789	43,095	1,864	44,768
Other	201	1,846	280	62	832	185	3	27	37	48,655	52,426	17,541	70,269
Total expenses	1,978,706	6,234,372	3,457,224	644,701	5,477,656	3,431,267	83,208	354,690	611,555	477,839	22,791,320	1,546,625	24,337,945
Increase (decrease) in unrestricted net assets	\$ 318,847	\$ 193,662	\$ 343,509	\$ 722,660	\$ 1,445,527	\$ 176,067	\$ 101,723	\$ 43,068	\$ 480,291	\$ 66,869	\$ 1,574,031	\$ 1,546,381	\$ 30,671

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

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Consolidated Statements of Cash Flows

Years Ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities		
Change in net assets	\$ 100,950	\$ 101,337
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities		
Depreciation	317,792	316,127
Change in allowance for doubtful accounts	88,238	(49,971)
Contribution revenue for capital purchases	(42,557)	(88,488)
Gain on sale of assets	(6,075)	-
Decrease (increase) in		
Restricted cash	(1,356)	863
Accounts receivable, trade	(920,181)	186,597
Grants receivable	(4,484)	7,040
Prepaid expenses	41,058	(371,414)
Increase (decrease) in		
Accounts payable, trade	180,033	38,629
Accrued expenses	147,228	(351,984)
Refundable advances	152,944	(23,026)
Loan fund	<u>276</u>	<u>365</u>
Net cash provided (used) by operating activities	<u>53,866</u>	<u>(233,925)</u>
Cash flows from investing activities		
Acquisition of equipment	(180,004)	(104,762)
Proceeds from sale of equipment	<u>6,075</u>	<u>-</u>
Net cash used by investing activities	<u>(173,929)</u>	<u>(104,762)</u>
Cash flows from financing activities		
Principal payments on long-term borrowings	<u>(88,916)</u>	<u>(85,192)</u>
Net cash used by financing activities	<u>(88,916)</u>	<u>(85,192)</u>
Net decrease in cash and cash equivalents	<u>(208,979)</u>	<u>(423,879)</u>
Cash and cash equivalents, beginning of year	<u>2,315,290</u>	<u>2,739,169</u>
Cash and cash equivalents, end of year	<u>\$ 2,106,311</u>	<u>\$ 2,315,290</u>
Supplemental disclosures		
Contribution of vehicles received under grant programs	<u>\$ 42,557</u>	<u>\$ 88,488</u>

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

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2012 and 2011

Nature of Activities

Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners (the Organization) is a New Hampshire nonprofit corporation providing a wide range of community based services (see consolidated statement of functional revenue and expenses for various programs offered) for individuals, and their families, with developmental disabilities and/or mental illness. The Organization also supports families with children who have chronic health needs. The Organization is currently operating as two divisions: Developmental Services and Behavioral Health Services.

The Organization is the sole shareholder of Lighthouse Management Services, Inc. which was organized to perform accounting and management functions for other not-for-profit entities.

The Organization is the sole beneficiary of Community Partners Foundation (the Foundation) which was established exclusively for the benefit and support of the Organization. To that end, the Foundation receives and accepts gifts and funds.

The Foundation received and disbursed the following funds for years ended June 30:

	<u>2012</u>	<u>2011</u>
Funds received	\$ 22,957	\$ 33,159
Funds disbursed	<u>38,819</u>	<u>36,751</u>
	\$ <u>(15,862)</u>	\$ <u>(3,592)</u>

The Foundation has received and disbursed the following funds since its inception in 2007:

Funds received	\$ 200,991
Funds disbursed	<u>134,448</u>
	<u>66,543</u>

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners, Lighthouse Management Services, Inc., and Community Partners Foundation. All material intercompany balances and transactions have been eliminated in consolidation. Collectively the entities are referred to as "the Organization" throughout these notes.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2012 and 2011

Use of Estimates

The preparation of financial statements in conformity with 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.

Basis of Presentation

Net assets and revenues, expenses, gains, and losses are classified as follows based on existence or absence of donor-imposed restrictions:

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

Temporarily restricted net assets - Net assets subject to donor-imposed stipulations that may or will be met by actions of the Organization and/or the passage of time. 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 statement of activities as net assets released from restrictions.

Permanently restricted net assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. As of June 30, 2012 and 2011, the Organization had no permanently restricted net assets.

Contributions

Contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purpose are reported as increases in temporarily or permanently restricted net assets, depending on the nature of the restrictions. When a restriction expires, 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 records donor-restricted contributions whose restrictions are met in the same reporting period as unrestricted support in the year of the gift.

Income Taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code to operate as a not-for-profit organization.

Financial Accounting Standards Board *Accounting Standards Codification* (FASB ASC) Topic 740, *Income Taxes*, establishes financial accounting and disclosure requirements for recognition and measurement of tax positions taken or expected to be taken. Management has reviewed the tax provisions for the Organization under FASB ASC Topic 740 and determined it did not have a material impact on the Organization's consolidated financial statements.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2012 and 2011

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an original maturity date of less than three months to be cash equivalents. The cash equivalents represent repurchase agreements as of June 30, 2012 and 2011.

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. It has not experienced any losses in such accounts. Management believes it is not exposed to any significant risk on cash and cash equivalents.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year-end. Management provides for probable uncollectible accounts after considering each category of receivable individually, and estimates an allowance according to the nature of the receivable. Allowances are estimated from historical performance and projected trends. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to trade accounts receivable. As of June 30, 2012 and 2011, allowances were recorded in the amount of \$245,825 and \$157,587, respectively.

Property and Equipment

Property and equipment are recorded at cost, while donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Expenditures for repairs and maintenance are charged against operations. Renewals and betterments which materially extend the life of the assets are capitalized. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time. Depreciation is provided for using the straight-line method in amounts designed to amortize the costs of the assets over their estimated lives as follows:

Buildings and improvements	15-39 years
Equipment and furniture	3-7 years
Vehicles	5 years

Refundable Advances

The Organization's refundable advances consist of funds received in advance for services to be performed at a later date, amounts due to Medicaid and estimated Medicaid recoupment settlement reserves for Medicaid eligibility audits, and certain pass through funds (Note 2).

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2012 and 2011

Functional Allocation of Expenses

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

2. Restricted Cash

The Organization is currently serving as a pass-through entity for the Council for Children and Adolescents with Chronic Health Conditions Loan Guaranty Program. This program is operated and administered by a New Hampshire bank. Accordingly, as of June 30, 2012 and 2011, the Organization held cash totaling \$88,596 and \$88,320, respectively, which was restricted for this program. A corresponding amount has been recorded as a liability.

Additionally, the Organization is administering the Council for Children and Adolescents with Chronic Health Conditions Program. The total cash restricted for this program as of June 30, 2012 and 2011 was \$67,923 and \$66,843, respectively. A corresponding amount has been recorded as a liability and is classified within refundable advances.

3. Property and Equipment

Property and equipment consisted of the following:

	<u>2012</u>	<u>2011</u>
Land and buildings	\$ 1,859,893	\$ 1,859,893
Building improvements	1,524,678	1,497,632
Vehicles	824,356	917,573
Equipment and furniture	<u>1,945,032</u>	<u>1,874,756</u>
	6,153,959	6,149,854
Less accumulated depreciation	<u>3,922,862</u>	<u>3,823,526</u>
	<u>\$ 2,231,097</u>	<u>\$ 2,326,328</u>

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2012 and 2011

4. Line of Credit

The Organization has a revolving line of credit agreement with a bank with an available balance to draw of \$700,000 and \$1,200,000 for the years ended June 30, 2012 and 2011, respectively. The line requires monthly interest payments on the unpaid principal balance at the rate of 1% over the bank's stated index, which was 4.25% during the years ended June 30, 2012 and 2011. The line of credit is collateralized by a security interest in all business assets. The Organization is required to annually observe thirty consecutive days without an outstanding balance. At June 30, 2012 and 2011, there was no outstanding balance on the line. Subsequent to June 30, 2012, the line of credit agreement was modified to increase the available balance to \$1,500,000 through December 31, 2012.

5. Notes Payable

Notes payable consisted of the following:

	<u>2012</u>	<u>2011</u>
<u>Developmental Services</u>		
Note payable to a bank, modified on March 23, 2011. At the time of refinancing, the interest rate changed from 5.07% to 4.15%. Monthly principal and interest installments due changed from \$1,189 to \$1,117, through April 2016 with one final payment of all unpaid principal and interest due at maturity; collateralized by certain real estate. The note is a participating loan with New Hampshire Health and Education Facilities Authority.	\$ 140,461	147,754
Note payable to a bank, modified on March 23, 2011. At the time of refinancing, the interest rate changed from 5.07% to 4.55%. Monthly principal and interest installments due changed from \$2,414 to \$2,326, through July 2017 with one payment of all unpaid principal and interest due at maturity; collateralized by certain real estate. The note is a participating loan with New Hampshire Health and Education Facilities Authority.	302,761	316,348
Note payable to a bank, modified on March 23, 2011. At the time of refinancing, the interest rate changed from 5.07% to 4.55%. Monthly principal and interest installments due changed from \$4,759 to \$4,468, through July 2012; collateralized by certain equipment. The note is a participating loan with New Hampshire Health and Education Facilities Authority.	<u>8,835</u>	<u>60,750</u>
Total Developmental Services (carried forward)	\$ <u>452,057</u>	\$ <u>524,852</u>

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Total Developmental Services (brought forward)	\$ 452,057	\$ 524,852

Behavioral Health Services

Note payable to a bank, modified on March 23, 2011. At the time of refinancing, the interest rate changed from 5.07% to 4.15%. Monthly principal and interest installments due changed from \$2,662 to \$2,464, through April 2016 with one final payment of all unpaid principal and interest due at maturity; collateralized by certain real estate and an assignment of certain leases and rents. The note is a participating loan with New Hampshire Health and Education Facilities Authority.

	<u>309,850</u>	<u>325,971</u>
	\$ <u>761,907</u>	\$ <u>850,823</u>

The scheduled maturities of long term debt are as follows:

2013	\$ 48,000
2014	40,000
2015	42,000
2016	390,000
2017	17,000
Thereafter	<u>224,907</u>
	\$ <u>761,907</u>

Cash paid for interest approximates interest expense for the years ended June 30, 2012 and 2011, respectively.

6. Temporarily Restricted Net Assets

At June 30, 2012 and 2011, temporarily restricted net assets were \$96,518 and \$82,903, respectively. The Organization restricted assets consist of vehicles contributed to the Organization from the State of New Hampshire under grant programs. These contributed vehicles are to be used for the transportation of the Organization's clients.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2012 and 2011

7. Commitments and Contingencies

Operating Leases

The Organization leases various office facilities and equipment under operating lease agreements. Expiration dates range from September 2012 through March 2018. Total rent expense charged to operations was \$222,689 in 2012 and \$224,895 in 2011.

Minimum operating lease payments for subsequent years ending after June 30, 2012 are as follows:

	<u>Total</u>
2013	\$ 176,872
2014	163,053
2015	163,195
2016	166,920
2017	170,757
Thereafter	<u>142,341</u>
	<u>\$ 983,138</u>

8. Concentrations

For the years ended June 30, 2012 and 2011, approximately 88% of the support and revenue of the Organization was derived from Medicaid. The future existence of the Organization is dependent upon continued support from Medicaid.

The accounts receivable due from Medicaid was:

	<u>2012</u>	<u>2011</u>
Developmental Services	\$ 1,114,425	\$ 518,544
Behavioral Health Services	<u>616,823</u>	<u>395,309</u>
	<u>\$ 1,731,248</u>	<u>\$ 913,853</u>

In order for the Developmental Services division of the Organization to receive this support, it must be formally approved by the State of New Hampshire, Bureau of Developmental Service, as the provider of services for developmentally disabled individuals for Strafford County in New Hampshire. This designation is received by the Organization every five years. The current designation expires September 30, 2013.

**BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A
COMMUNITY PARTNERS AND SUBSIDIARIES**

Notes to Consolidated Financial Statements

June 30, 2012 and 2011

In order for the Behavioral Health Services division of the Organization to receive this support, it must be formally approved by the State of New Hampshire, Bureau of Behavioral Health, as the community mental health provider for Strafford County in New Hampshire. This designation is received by the Organization every five years. The current designation expired August 15, 2011. On August 14, 2012, the Organization received reapproval of its designation to extend its designation from September 1, 2011 to September 1, 2016.

9. Retirement Plan

The Organization maintains a tax shelter annuity plan that is offered to all eligible employees. The plan includes an employer contribution equal to 3% of each eligible employee's salary. Total costs incurred for the plan during the years ended June 30, 2012 and 2011 were \$195,278 and \$219,813, respectively. The total expense for the years ended June 30, 2012 and 2011 for the Developmental Services division was \$90,553 and \$109,754, respectively, and for the Behavioral Health Services division was \$104,725 and \$110,059, respectively.

10. Subsequent Events

For purposes of the preparation of these consolidated financial statements in conformity with U.S. generally accepted accounting principles, management has considered transactions or events occurring through November 7, 2012, which is the date that the consolidated financial statements were available to be issued.

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidating Statements of Financial Position

June 30, 2012 and 2011

	2012					2011						
	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	Consolidated Totals	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Eliminations	Consolidated Totals
Assets												
Cash and cash equivalents	\$ 940,897	\$ 1,091,457	\$ 8,003	\$ 65,954	\$ -	\$ 2,106,311	\$ 1,026,084	\$ 1,200,311	\$ 6,490	\$ 82,405	\$ -	\$ 2,315,290
Restricted cash	156,519	-	-	-	-	156,519	155,163	-	-	-	-	155,163
Accounts receivable, net of allowance for doubtful accounts	1,459,788	687,174	2,512	589	(62,472)	2,087,591	976,782	454,806	1,501	-	(177,441)	1,255,648
Grants receivable	14,829	5,460	-	-	-	20,289	9,132	6,673	-	-	-	15,805
Prepaid expenses	277,054	134,394	-	-	-	411,448	279,596	172,910	-	-	-	452,506
Interest in net assets of subsidiaries	59,997	-	-	-	(59,997)	-	84,213	-	-	-	-	-
Property and equipment, net	1,558,924	672,173	-	-	-	2,231,097	1,556,373	769,955	-	-	-	2,326,328
Total assets	\$ 4,468,008	\$ 2,590,658	\$ 10,515	\$ 66,543	\$ (122,469)	\$ 7,013,255	\$ 4,087,343	\$ 2,604,655	\$ 7,991	\$ 82,405	\$ (261,654)	\$ 6,520,740
Liabilities and Net Assets (Deficit)												
Liabilities												
Accounts payable	\$ 570,825	\$ 18,506	\$ 7,061	\$ -	\$ (7,257)	\$ 589,135	\$ 393,272	\$ 17,332	\$ 6,183	\$ -	\$ (7,685)	\$ 409,102
Accrued expenses	585,756	342,716	10,000	-	(55,215)	883,257	419,181	486,604	-	-	(169,756)	736,029
Refundable advances	442,946	553,803	-	-	-	996,749	321,913	521,892	-	-	-	843,805
Loan fund	88,596	-	-	-	-	88,596	88,320	-	-	-	-	88,320
Notes payable	452,056	309,851	-	-	-	761,907	524,852	325,971	-	-	-	850,823
Total liabilities	2,140,179	1,224,876	17,061	-	(62,472)	3,319,644	1,747,538	1,351,799	6,183	-	(177,441)	2,928,079
Net assets (deficit)												
Unrestricted	2,231,311	1,365,782	(6,546)	66,543	(59,997)	3,597,093	2,256,902	1,252,856	1,808	82,405	(84,213)	3,509,758
Temporarily restricted	96,518	-	-	-	-	96,518	82,903	-	-	-	-	82,903
Total net assets (deficit)	2,327,829	1,365,782	(6,546)	66,543	(59,997)	3,693,611	2,339,805	1,252,856	1,808	82,405	(84,213)	3,592,661
Total liabilities and net assets (deficit)	\$ 4,468,008	\$ 2,590,658	\$ 10,515	\$ 66,543	\$ (122,469)	\$ 7,013,255	\$ 4,087,343	\$ 2,604,655	\$ 7,991	\$ 82,405	\$ (261,654)	\$ 6,520,740

BEHAVIORAL HEALTH & DEVELOPMENTAL SERVICES OF STRAFFORD COUNTY, INC. D/B/A COMMUNITY PARTNERS AND SUBSIDIARIES

Consolidating Statements of Activities

Years Ended June 30, 2012 and 2011

	2012					2011				
	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Consolidated Totals	Developmental Services	Behavioral Health Services	Lighthouse Management Services	Community Partners Foundation	Consolidated Totals
Changes in unrestricted net assets (deficit)										
Public support and revenue										
Medicaid revenue	\$ 15,272,682	\$ 6,577,032	\$ -	\$ -	\$ 21,849,714	\$ 14,730,275	\$ 6,767,692	\$ -	\$ -	\$ 21,497,967
Medicare revenue	-	152,534	-	-	152,534	-	175,729	-	-	175,729
Client resources	999,534	392,286	-	-	1,391,820	1,008,910	457,765	-	-	1,466,675
Contract revenue	378,637	267,594	-	-	646,231	308,612	285,836	-	-	594,448
Grant income	251,449	136,114	-	-	387,563	186,039	129,018	-	-	315,057
Interest income	54	1,042	-	-	1,096	66	1,830	-	-	1,896
Other program income	59,374	-	-	-	59,374	33,381	-	-	-	33,381
Public support	36,783	-	-	22,957	59,740	31,737	-	-	33,159	64,896
Other revenue	83,457	75,076	89,617	-	174,395	138,588	76,523	126,970	-	218,703
Total public support and revenue	17,081,970	7,601,678	89,617	22,957	24,722,467	16,435,608	7,874,393	126,970	33,159	24,346,752
Net assets released from restrictions	33,020	-	-	-	33,020	22,064	-	-	-	22,064
Total public support, revenue and reclassifications	17,114,990	7,601,678	89,617	22,957	24,755,487	16,457,672	7,874,393	126,970	33,159	24,368,816
Expenses										
Program services										
Case management	884,353	1,003,088	-	-	1,887,441	895,126	1,083,580	-	-	1,978,706
Day programs and community support	3,952,652	2,557,028	-	-	6,509,680	3,747,314	2,487,058	-	-	6,234,372
Early support services and youth and family	950,614	2,457,416	-	-	3,408,030	1,084,577	2,372,647	-	-	3,457,224
Family support	607,518	-	-	-	607,518	644,701	-	-	-	644,701
Residential services	5,484,782	-	-	-	5,484,782	5,477,058	-	-	-	5,477,058
Combined residential, day and consolidated services	3,940,153	-	-	-	3,940,153	3,431,267	-	-	-	3,431,267
Medical services	-	96,718	-	-	96,718	-	93,308	-	-	93,308
Adult services	144,720	154,378	-	-	299,098	45,147	339,743	-	-	384,890
Emergency services	-	592,081	-	-	592,081	-	611,855	-	-	611,855
Other	249,222	155,159	-	-	404,381	282,288	158,900	-	-	441,188
Total program expenses	16,214,014	7,015,868	97,971	38,819	23,266,701	15,607,478	7,147,091	118,669	36,751	22,791,320
Supporting services										
General management	926,568	472,884	-	-	1,399,452	902,008	644,817	-	-	1,546,825
Total expenses	17,140,582	7,488,752	97,971	38,819	24,665,153	16,509,486	7,791,908	118,669	36,751	24,338,145
Total change in unrestricted net assets (deficit)	(25,592)	112,926	(8,354)	(15,862)	87,334	(51,814)	82,485	8,301	(3,592)	30,671
Changes in temporarily restricted net assets										
Grant income	42,557	-	-	-	42,557	88,488	-	-	-	88,488
United Way allocation	4,079	-	-	-	4,079	4,242	-	-	-	4,242
Net assets released from restrictions	(33,020)	-	-	-	(33,020)	(22,064)	-	-	-	(22,064)
Total change in temporarily restricted net assets	13,616	-	-	-	13,616	70,666	-	-	-	70,666
Total change in net assets (deficit)	(11,976)	112,926	(8,354)	(15,862)	87,334	18,652	82,485	8,301	(3,592)	101,337
Net assets (deficit), beginning of year	2,339,805	1,252,856	1,808	82,405	3,592,661	2,320,953	1,170,371	(6,493)	85,997	3,491,324
Net assets (deficit), end of year	\$ 2,327,829	\$ 1,365,782	\$ (6,546)	\$ 66,543	\$ 3,693,611	\$ 2,339,605	\$ 1,252,856	\$ 1,808	\$ 82,405	\$ 3,592,661



Community Partners BOARD OF DIRECTORS 2013-2014

PRESIDENT

Chris Roundy (Joined 06/26/2007)



Lawyer

TREASURER

Matthew Sylvia (Joined 12/19/2006)



Commercial Lender

Sylvia MAILING ADDRESS

Vice President, TDBanknorth NA

Commercial Building

353 Central Ave

Dover, NH 03820

VICE PRESIDENT

Greg Burdwood (Rejoined 11/15/2011)



Greg.Burdwood@unh.edu

IOD

SECRETARY

Ann Landry (Joined 08/23/2005)



Parent

Margaret Almeida (Joined 06/26/12)	David Andre (C) (Joined 4/26/05)	Kristine Baber (Joined 0/26/13)
IOD		
Greg Betts (C) (Rejoined 09/27/11)	Kathleen Boisclair (C) (Joined 09/25/12)	Christopher Buck (Joined 12/14/10)
		Lawyer
Bryant Hardwick (Joined 2/22/11)	Kerri Larkin (C) Joined 11/23/10)	
Parent		
John Lowy (C) Joined 09/13/99)	Ken Muske (Joined 03/05/02)	
	NH Employment Security	

(C) = Consumer

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Brian Collins	Executive Director	\$185,000	0	0
Christopher Kozak	Chief Operations Officer	\$99,000	0	0
Kathleen Stocker	Chief Financial Officer	\$80,000	0	0

BRIAN J. COLLINS

EXPERIENCE:

1995 - Present Executive Director, Behavioral Health & Developmental Services of
Strafford County, Inc., d/b/a Community Partners of Strafford County

Chief Executive Officer of a Regional Area Agency in New Hampshire. Agency provides support to Strafford County residents with disabilities or mental illness and their families, including case management, residential services, day & vocational programming, and family support. Agency employs 350 staff with a total budget exceeding \$20 million. Report to a 17 member Board of Directors.

Accomplishments include:

- Turning DSSC's \$363,000 negative asset balance at arrival to a \$1.6 million positive asset balance today.
- Successfully implemented corrective administrative measures resulting in removal of conditions imposed by the State of NH as a result of the impending bankruptcy, coupled with unsatisfactory programming through FY95.
- Provided 150 new services to waitlist consumers during the first 4 years with no additional resources.
- Expanded agency mission, including becoming a Partners in Health site serving children with chronic illness and their families, running State-wide loan program for families with chronically ill members and expanded business office operations through contractual means with other not for profit organizations.

1989 - 1995 Executive Director, The Plus Company

Chief Executive Officer of a non-profit human service agency serving over 150 people with disabilities in New Hampshire and Massachusetts. Agency provides residential, vocational, and medical supports in over 50 locations. Agency employs 125 staff with a total budget of \$4.5 million. Report to a 15 member Board of Directors.

Accomplishments include:

- Eliminated debt service after Agency had lost \$500,000 over a prior five year period. Agency's surplus exceeded \$600,000 over five year tenure.
- Increased operational budget over \$1 million. Contract with 25 funding streams, which include three states, numerous non-profit agencies, school systems, and private companies.
- Eliminated the need for a sheltered workshop by developing community jobs and individualized day options for over 75 consumers. Negotiated the sale of the sheltered workshop building and relocated the agency headquarters. The move retired all debt service.

- Downsized all group home populations by developing individualized and small group options. Grew the number of consumers living in small group settings from 45 to 70 people during a five year period.
- Increased fund raising and public relation, including a high profile annual breakfast with over 400 people in attendance.

1985 - 1989 Program Planning and Review Specialist, New Hampshire DMHDS

Responsible for managing \$13 million of State and Federal funds, covering one-quarter of the service system. Areas of responsibilities include case management, housing, vocational programming, respite care, early childhood intervention and family support services. Reported to the Assistant Director of Developmental Services.

Accomplishments include:

- Monitor contract compliance to ensure cost effective service delivery system. Oversee implementation of Supported Employment Initiative to establish program models, funding stream, staff re-education and training, and business and industry liaisons.
- Analyze budgets to determine maximum revenue sources and maintain controls over expenditures.
- Ensure that the Board of Directors policies and staff procedures enhance community presence of people with severe disabilities.
- Liaison for regional area agencies and State agencies to Division of Vocational Rehabilitation.
- Ensure compliance with \$2 million federal grant, to fund a five year plan to create employment opportunities.
- Member of Governor's Task Force on Employment.

1983 - 1985 Quality Assurance Administrator, New Hampshire DMHDS

Responsible for quality assurance function statewide for Community Service Delivery System. Led seven person team in annual reviews of each regional area agency. Reported to the Director of Quality Assurance.

Accomplishments include:

- Monitored compliance with State regulations.
- Generated written compliance reports.
- Approved corrective action plans, reviewed progress.
- Developed State regulations for client rights, residential and vocational programs, case management, and respite care.

1982 - 1983 Training Coordinator, New Hampshire DMHDS

Responsible for the coordination of statewide and regional training for Community Service Deliver System; designed Training Needs Inventory using regional priorities to establish training needs; procured funding to provide consultants for specific regional training and technical assistance; originated special projects, including training annual, audio visual training packages and leisure skills handbook.

1973 - 1982 Various positions as a Direct Care Worker at Walter E. Fernald State School, Waltham, Massachusetts and community based programs.

EDUCATION:

Masters in Public Administration, University of New Hampshire
BA, Communications, Boston College Evening School

ADVISORY BOARDS:

Advisory Board, University of New Hampshire Institute on Disability (UAP)
University of Hartford Rehabilitation Training Program
Virginia Commonwealth University Rehabilitation Research and Training Center.
New Hampshire Governor's Appointment to Inter-Agency Coordinating Council.
Overseeing services to children with disabilities from birth to age three.
HHS Commissioner Stephen's Advisory Council focused on increasing employment for people with disabilities

MEMBERSHIPS:

The Association for Persons with Severe Handicaps (TASH)
American Association on Mental Retardation (AAMR)
National Rehabilitation Association (NRA)
New Hampshire Rehabilitation Association (NHRA)
American Network of Community Options and Resources

Christopher D. Kozak

SENIOR MANAGEMENT

Profile

High-performance executive providing leadership, innovation and direction to support infrastructure change and development to maximize profitability. Proven ability to develop and implement strategic approaches and methodologies to create a highly effective organization that operates at or below budgetary requirements. Excel in understanding the insurance industry and the challenges faced by insurers and providers. Skilled in identifying and capitalizing on technology to solve business problems. Demonstrate broad-based strengths and accomplishments in:

- Leadership & Accountability
- P & L Responsibility
- Strategic Planning
- Staff Development and Team Building
- MCO Contracting
- Rate Negotiation
- Process and Quality Improvement
- Corporate Presentations & Marketing

Professional Experience

Community Partners

Dover, NH October 2010 – Present

A State designated Community Mental Health Program providing services to individuals

Chief Operating Officer (4/12 – present)

Director of Quality Improvement (10/10 – 4/12)

Senior member of the management team with responsibility for oversight of the Behavioral Health Services Division.

Accomplishments

- Successfully navigated the organization through the State's re-designation process. Preliminary feedback indicated that the State will award the organization with another full 5-year designation as a community mental health program.
- Developed and implemented several new reports, forms and other management tools that created efficiencies in daily paper work as well as providing managers with a dashboard-like view of data about their specific staff/program simply by opening a Microsoft Excel file.
- Engaged in a major change management process that has challenged veteran staff to rethink and analyze nearly every facet of their program operation.

Dynamic Solutions NE, LLC

Portsmouth, NH September 2008 – Present

Independent consulting company specializing in revenue enhancement strategies, operational automation and small application development for behavioral health practices and small health plans.

Consultant

Founded Dynamic Solutions NE, LLC after spending nearly two decades in leadership positions in the insurance, case management and technology fields.

Accomplishments

- Developed proposal for a custom web-based outcome measurement application to be used by 14 psychiatric treatment centers spanning six states.
- Provided expert witness consultation in a case related to software pirating.
- Provide ad hoc consultation to information technology firms relative to healthcare informatics.

Casenet Inc.

Bedford, MA August 2006 – July 2008

A startup software company offering a platform care management solution for commercial insurance carriers as well as Medicaid / Medicare care management programs.

Vice President of Product Management

Key member of the management team with responsibility for developing client specific solutions as well as creating the vision driving overall product direction.

Accomplishments

- Visionary behind the base business solution platform for the care management marketplace.
- Developed messaging that was instrumental in landing first commercial payer accounts (>\$9 million).
- Member of the Senior Management Team that successfully secured \$7.5 million of B-round

financing.

Landmark Solutions, LLC (A.K.A. BHN)

Concord, NH September 1998 – September 2006

A regional managed behavioral healthcare company, national employee assistance program, and IT consulting group.

Vice President of Managed Care Services (7/03 – 8/06)

Director of Behavioral Health Services (8/98 – 7/03)

Complete responsibility for the managed care product including \$3.5 million operating budget, \$18 million clinical capitation, strategic planning, vision, provider contracting, and oversight of five departments. Worked closely with IT to develop and implement innovative and efficient processes and systems to support process improvement, operational compliance, reporting and analysis, and workflow integration.

Accomplishments

- Re-contracted provider network to simplify contracts and maximize flexibility in bringing on new business lines.
 - Initiated and implemented on-line patient registration process and automated attendant resulting in net operational savings of 3.5%.
 - Implemented a new Outpatient Treatment Report to reign in escalating outpatient claims costs resulting in clinical savings of 4.5%.
 - Met aggressive budget requirements by implementing tighter monitors on inpatient utilization resulting in a net savings of 10.6%.
 - Brought credentialing process in-house resulting in a 66% reduction in operating costs.
 - Initiated and successfully implemented a complete overhaul of the utilization management program resulting in improved NCQA delegation scoring from the low 60's to 100 percent.
 - Collaborated with the director of information and technology to develop and implement a provider Web portal allowing providers to submit updated clinical information directly to BHN/Landmark Solutions'.
-

CNR Health, Inc.

Milwaukee, WI August 1991 – September 1998

A national company offering medical, behavioral health, disability, and worker's compensation management services, employee assistance programs, and software development.

Director of Case Management

Directly responsible for the care management business unit including medical and behavioral health utilization management, case management, disability management and workers compensation management.

Accomplishments

- Numerous positions of increasing responsibility during seven-year tenure: Behavioral Health Case Manager, Clinical Operations Manager, Director of Behavioral Health, Director of Case Management.
 - Directly responsible for a \$2.5 million dollar operating budget.
-

North Dakota State University, Fargo, ND

Bachelor of Science in Psychology, 5/87

Minor: Statistics

Marquette University, Milwaukee, WI

Master of Science in Clinical Psychology, 8/89

Thesis: Self-control deficits in depression: The contingent relationship between expectancies, evaluations and reinforcements.

References

Available upon request

Kathleen Stocker

Accomplishments

- * Installation of T-1 lines for voice and data telecommunications systems reducing phone costs by 35%
- * Implementation of direct deposit of payroll
- * Directed conversion of computer system to PC network
- * Streamlined accounting departments of 3 divisions saving overhead of \$200 thousand per year
- * Initiated the development of MIS group to improve information flow
- * Designed meaningful cash flow and other financial reporting
- * Converted to a new MIS system resulting in more timely, meaningful financial information
- * Accelerated accounts receivable collection period from 50 days to 40 days
- * Converted payroll to bi-weekly to improve cash flow by \$150 thousand
- * Collapsed insurance package for savings of \$400 thousand per year
- * Combined insurance programs for savings of \$50 thousand per year
- * Presented public offering memorandum to SEC committee
- * Implemented accounts receivable factoring facility of \$3.5 million
- * Raised new capital to refinance four nursing homes for \$17.9 million
- * Effort to identify reimbursable costs resulted in an average Medicaid rate increase of 11%
- * Successful in negotiations with state and federal tax agencies
- * Directed successful audits with CPA firms IRS, Medicaid agents

Business Experience

2000 – Present Community Partners, d/b/a of Behavioral Health & Developmental Services of Strafford County, Inc., Dover, New Hampshire

Chief Financial Officer 2001 – Present

Controller 2000 - 2001

Responsible for directing the overall financial and administrative management of this \$18+ million agency, including Human Resources, Facilities, and IT. Also, an additional \$3 million between Community Partners and three other agencies in the Dover area to provide overall financial and IT management.

1993 – 2000 Renaissance Greeting Card, Inc., Sanford, Maine

Controller for a privately held subsidiary of FTD. Renaissance designs, manufactures, and distributes products for the greeting card industry. The nation wide retailer has annual revenues of \$10 million. Report directly to Executive Vice President.

- * Develop a system of financial reporting to advise on performance and to facilitate planning.
- * Evaluate and recommend improvements for MIS system and Operation Process.
- * Establish training and education to strengthen understanding of accounting and systems issues.
- * Direct and coordinate accounting functions required to maintain data integrity and all books of account.
- * Manage the Credit functions to ensure timely processing of orders and the acceleration of collection's efforts.
- * Implement and improve company wide budget process with major focus on sales and inventory.
- * Provide support and focus to teams in developing Marketing Strategy, improving Profitability, and strengthening overall company Structure initiatives.

1990 – 1993 Schirm Associates, Waltham, Massachusetts

Controller of a privately held collective that provides rehabilitation and education services to survivors of head trauma. The fifteen proprietorships offer seven programs in a continuum of care approach to head injury. Located in the New England and Mid Atlantic States with revenues of \$45 million. Managed nineteen accounting, finance, tax, risk management, and administrative professionals. Reported directly to owner.

Schirm Associates continued

- * Coordinated all the planning, development, and implementation of the necessary accounting functions required to close, monitor, and analyze the books of account.

- * Reviewed and managed all risk management functions.
- * Planned and organized all fiscal year end requirements including audits, reporting, and taxes.
- * Supported and led team in preparation of information for presentation to the institutional lending markets.
- * Key member of task force to develop public offering memorandum.
- * Assisted work-out group in reorganization of companies

1988 – 1990 Clipper Home Affiliated, Durham, New Hampshire

Controller of a privately held company that develops, owns, and operates retirement communities. Clipper Home Affiliates is one of the largest providers of long-term care services in the state of New Hampshire. The companies are comprised of eight operating corporations, eight related partnerships and an affiliated management company with total assets of approximately \$35 million. Supervised twelve accounting and administrative professionals. Reported to the Chief Financial Officer.

- * Performed all the necessary accounting functions to close and monitor the books of account, general ledger, and asset records. Prepared and revised financial statements.
- * Managed the accountability of construction records for new facilities.
- * Implemented a reporting system to review performance and facilitate planning
- * Developed operational budgets and pricing.
- * Supported a task force in developing a presentation to the institutional lending market.
- * Worked with other finance and MIS professionals to evaluate the existing computer system.
- * Prepared Cost filings for the State to determine the reimbursement rate for the Medicaid recipients. Maintained the company's insurance and risk management programs. Planned, coordinated, and administered the year end audits by State and Federal agencies. Calculated cash requirements and developed cash flow reporting. Administered all outstanding debt. Solicited and evaluated proposals for a centralized cash management system.

1977 – 1988 Spaulding Composites, Rochester, New Hampshire

Spaulding Composites, Inc. is a privately held manufacturer of specialty insulating materials and fabricated component for electronics, housing and automotive industries with gross sales of approximately \$100 million.

Controller of three of eight Spaulding Divisions 1983 – 1988. Supervised six accounting professionals. Reported to the Vice President of Operations and Vice President of Finance.

- * Planned, managed, and performed all the necessary accounting functions including closing and analyzing the books of account, reconciliation of inter-company transactions, maintenance of the general ledger monthly reporting, financial statement preparation and analysis.
- * Monitored standard cost system geared toward cost containment and control.
- * Established and administered policies and procedures.
- * Prepared revenues and cost evaluation surveys of the manufacturing processes for Federal agencies.
- * Prepared and monitored budgets with annual sales of \$50 million.
- * Trained staff in the conversion of a manual system to a computerized accounting and reporting system.

Assistant Controller 1977-1982 Supervised staff of five accounting professionals and MIS staff of three.

- * Supervised all the day to day accounting functions including accounts receivable, accounts payable, payroll and standard costing of \$3 million inventory.
- * Member of corporate wide task force to reduce accounts receivable and improve collections.
- * Planned, analyzed and reported on special projects geared toward improvement of bottom line profits.
- * Monitored the ongoing conversion of accounting integrity of a newly implemented decentralized accounting and reporting system.
- * Designed and implemented a system to fully automate a labor cost control method.

Education

M.B.A., Management, 1980, New Hampshire College
B.S., Accounting, 1977, New Hampshire College

Kristy Hayden-Grace

Summary

- Provides administrative and clinical supervision to staff and volunteer participants
- Ability to be able to work collaboratively with local, regional and state stakeholders
- Performs comprehensive needs assessments, including mental, physical, functional and environmental to determine appropriate referrals
- Organized, punctual and possess a strong ability to work with multidisciplinary teams
- Certification as an Alliance of Information and Referral Specialist (AIRS) and Medicare Counselor/Senior Medicare Patrol (SHIP/SMP)

Work History/Accomplishments

**Program Director, ServiceLink Resource Center/Strafford Network
Rochester, NH September, 2009-Current**

Perform oversight and supervision to paid and volunteer staff. Facilitate team initiatives including performance measurement, management of sub-contracts, public education and awareness. Oversee provider relationships and quality benchmarks as outlined in program contractual requirements, Manage fiscal operations including budget development and authorization of expenditures according to the contracted budget.

- Established, with the program Advisory Board, short and long-term goals
- Successfully piloted and implemented new program initiatives
- Created a extensive training curriculum for new volunteers
- Developed strong partnerships with stakeholders and community members

Long Term Support Counselor/Assistant Program Manager, Service Link Resource Center/ Strafford Network Rochester, NH October, 2005-August, 2009

Offer comprehensive long-term support to individuals seeking information and resources related to long term care. Support individuals with accessing healthcare and community supports in order to sustain independent living. Collaborate with other healthcare providers in the community in order to provide the best possible care for individuals and their caregivers. Managed other duties assigned by the program manager that would assist with the Resource Center team functions.

- Provide extensive wrap around services for individuals and caregivers seeking supports related to long term care planning
- Strong ability to assess level of care and appropriate resources for individuals whom may be elderly or disabled

Family Stabilization Team Clinician/Counseling Center Clinician, Massachusetts Society for the Prevention of Cruelty to Children Greenfield, MA June, 2004-June, 2005

- Provided clinical and non-clinical based services to children and families in crisis. Assisted families by connecting them with state and local providers; facilitated communication between services and provided individual and family therapy until long term services were in place.
- Established a consistent and positive track record for obtaining additional treatment
- Successfully assisted clients with meeting treatment objectives

Clinical Social Worker, Massachusetts Society for the Prevention of Cruelty to Children Greenfield, MA, September, 2003- May, 2004

Provided clinical strength based and family centered therapy for children, adolescents and their caregivers seeking support in areas such as trauma and co-occurring disabilities. Facilitated group supervision and group presentations with other Social Workers. Attended staff meetings, supervision and trainings.

- Quickly assessed the need to obtain a higher level of clinical treatment and obtained appropriate authorizations
- Effectively bridged the gap between community supports and family to obtain appropriate level of care

School Social Worker, Athol-Royalston Middle School Athol, MA, September, 2000-May, 2003

Performed individual therapy and case management services to Middle School students. Co-facilitated therapy groups for students and actively participated within the school community.

- Developed a stronger student support system
- Successfully participated in modifying students' Individualized Education Plan to accommodate their needs
- Fostered consistent communication between the school and parents
- Recognized and acknowledged students' ability to follow through on classroom tasks

Family Support Worker, Massachusetts Society for the Prevention of Cruelty to Children Greenfield, MA, April, 2002-May, 2004

Provided case management support which required the utilization of various state contracts. Oversaw an extensive caseload which included support in education, advocacy, collateral contact with community providers, medical follow up and crisis interventions.

- Supported parents with establishing a healthy and safe living environment
- Recognized parents' increased ability to utilize positive parenting skills
- Utilized community resources to provide additional support to parents

**Clubhouse Unit Coordinator, Human Resources Unlimited
Springfield, MA, August 2000-March, 2002**

Worked directly with adults with mental illness by engaging them in various clubhouse tasks. Provided non-clinical supports and managed a caseload within the clubhouse community

Participated in clubhouse meetings and outreach to members. Assisted in the development of newsletter publications and quarterly reports. Helped with the distribution of private and public donations. Prepared and managed the unit budget.

- Established consistent employment opportunities for clubhouse members
- Connected members with housing and transportation services
- Successfully supported clients as they integrated into a new community setting

**Community Residential Treatment Aide, United Counseling Services
Bennington, VT, February, 1999-July, 2000**

Assisted clients with skill building, social support, community support and other activities that met the client's treatment objectives.

- Assisted with case management responsibilities and participated as part of the client's treatment team.
- Increased clients' abilities to follow a daily routine and to uphold daily responsibilities
- Supported clients as they began to utilize new daily living skills

**Program/Overnight Counselor, Six Bank Street
North Bennington, VT Summer, 1999-August, 2000**

Provided support and intake documentation for families receiving transitional housing. Assisted families in stabilizing a home, seeking employment, establishing tutoring services and directed referrals to supports in the community.

- Supported families as they became acquainted with house responsibilities
- Established a network of support services that addressed the family's needs and goals
- Advocated for families as they transitioned into their new community and pursued independent living

**Mental Health Worker, Brattleboro Retreat
Brattleboro, VT, Fall, 1998-Summer, 1999**

Facilitated a Co-educational Residential Treatment Program for adolescents. Provided assistance to the Psychiatric Unit residents, by contributing to the support and supervision of activities. Responsibilities included the enforcement of unit rules, policies, and the management of treatment groups with other staff members,

- Achieved a positive working relationship with social workers and played a fundamental part in treatment planning
- Advocated for clients as they continued to work on treatment goals

Education

Master of Social Work
Springfield College, 2004

Bachelor of Science, Psychology, Minor, Human Services
Southern Vermont College, 2000

Activities

- Sexual Assault Support Services (S.A.S.S) Volunteer, Portsmouth, NH
- Quality Assurance Committee, Homemakers Health Services, Rochester, NH
- Consumer Satisfaction Survey Committee, Concord, NH
- Facilitator of the Strafford County Adult and Elder Wraparound, Strafford Co, NH

Amber Fogg

- afogg@straffordnetwork.org

Current Position: Long Term Support Counselor, ServiceLink Resource Center of Strafford County

Current Job Description:

- Develop preliminary care planning options counseling, conducts information gathering and provides limited follow-up based on consumer preferences
- Perform person centered comprehensive needs assessments, including mental, physical, functional, cultural, financial, environmental and life goals to determine appropriate referrals for long term care services. Referrals and assistance is accomplished through telephone, walk-in or email intake as needed.
- Performs options counseling in accordance with protocols for Minimum Data Set 3.0, Section Q referrals.
- Provide clinical eligibility counseling and financial prescreening for State and Federal Programs.
- Provide options counseling to select persons in hospitals, rehab facilities or nursing homes, or at home and in the community.
- Responsible for team coordination of options counseling referral process within ServiceLink Resource Center Model.
- Assists with/facilitates periodic public education sessions, as well as participates in continuing education and peer counseling workshops and activities.
- Conducts and/or attends team meeting with appropriate staff from the ServiceLink Resource Center, New Hampshire Department of Health and Human Services (DHHS) District Office, Private Home and Community Based Care case managers, and other human service providers as necessary. These meetings include but are not limited to local Elder Wrap meetings; BEAS coordinated meetings and Peer Supervision meetings.
- Engages in interprofessional and interagency collaboration and education regarding long term care services, on both the local and state level.
- Assures all client records are maintained accurately by following State and program standards for the use of Agency databases.
- Responsible for maintaining and updating agency data base.

Certifications:

- Certified Information & Referral Specialist for Aging (CIRS – A)
- State Health Insurance Assistance Program and Senior Medicare patrol Program Counselor Certification.
- Class Leader – Powerful Tools for Caregivers
- Methods, Model and Tools: Person Centered Planning Facilitation Training

Work History:

April 2010 to Present	ServiceLink resource Center of Strafford County	Rochester NH
Long Term Support Counselor		
2008 to 2010	A Safe Place	Portsmouth NH
Shelter Advocate		
2004-2010	Greenland Central School	Greenland NH
Special Education Paraprofessional		

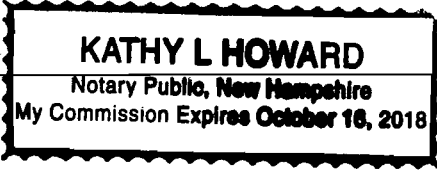
Education:

Graduate Certificate in Integrated Community Mental Health and Substance Abuse Services for children, Youth and Families	2009
Southern New Hampshire University	Manchester NH
Master of Science Community Mental Health with a specialization in Children, Adolescents and Families	In Process
Southern New Hampshire University	Manchester
Bachelors Early Childhood education with a Minor in child Development	1999
Plymouth State College (now Plymouth State University)	

Subject: New Hampshire ServiceLink Resource Centers Program**AGREEMENT**

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Community Action Program Belknap and Merrimack Counties, Inc.		1.4 Contractor Address PO Box 1016 2 Industrial Park Drive Concord, NH 03302-1016	
1.5 Contractor Phone Number (603) 225-3295	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$478,594.
1.9 Contracting Officer for State Agency <i>Mary Maggencalda</i>		1.10 State Agency Telephone Number <i>603-271-9096</i>	
1.11 Contractor Signature <i>Ralph Littlefield</i>		1.12 Name and Title of Contractor Signatory Ralph Littlefield, Executive Director	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Merrimack</u> On <u>12/4/13</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] <i>Kathy L Howard</i>			
1.13.2 Name and Title of Notary or Justice of the Peace Kathy L. Howard, Notary Public			
1.14 State Agency Signature <i>Sheri L. Rockburn</i>		1.15 Name and Title of State Agency Signatory <i>Sheri L. Rockburn Acting Associate Commissioner</i>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <i>Rosemary H. Keith</i> On: <i>12-4-13</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

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

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

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

7. PERSONNEL.

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

14. INSURANCE.

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

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions

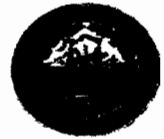


Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Merrimack County.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs

4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and

4.1.1.3. A feedback loop to modify activities as needed.

4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.

4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.

4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.

4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:

4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and

4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



Exhibit A

- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
 - 4.3.1. Intake and Screening
 - 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
 - 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
 - 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
 - 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
 - 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
 - 4.3.3. Tracking Eligibility Status
 - 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

- Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
- The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
- Contractor shall involve consumers on a local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



Exhibit A

- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



Exhibit A

4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



Exhibit A

- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phones numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



Exhibit A

- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
 - 6.5.3. The Department's current hardware standards are as follows:
 - Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.

6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:

1. Number of individuals served
2. Number of repeat visits by individuals
3. Type of information/referral given to individuals
4. Type of follow up performed
5. Frequency of follow ups
6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
7. The number of individuals diverted from nursing home/institutional settings;
8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



Exhibit A

7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source.

There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



Exhibit A

Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7

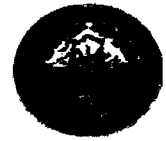


Exhibit A

Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS

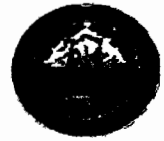


Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

- 8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.3. Develop a Staffing Contingency Plan, including but not limited to:
- 8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.3.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
- Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
- The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

Assess the ethnic/cultural needs, resources and assets of their community.
Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
When feasible and appropriate, provide clients of minimal English skills with interpretation services.

Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
Financial Manager
Bureau of Elderly and Adult Services
Department of Health and Human Services

Contractor Initials: *R-G*

Date: *12/4/13*



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

Exhibit B-1

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD																		
Bidder/Program Name: Community Action Program Belknap-Merrimack Counties Inc																		
Budget Request for: Information, Referral and Awareness (Name of Program)																		
Budget Period: 1/1/14-6/30/14																		
1. Total Salary/Wages	\$	46,362.00	\$	4,931.00	\$	54,293.00	\$	-	\$	4,931.00	\$	4,931.00	\$	46,362.00	\$	-	\$	46,362.00
2. Employee Benefits	\$	15,532.00	\$	1,132.00	\$	16,664.00	\$	-	\$	1,132.00	\$	1,132.00	\$	15,532.00	\$	-	\$	15,532.00
3. Consultants	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
4. Equipment:	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Rental	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Repair and Maintenance	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Purchase/Depreciation	\$	2,800.00	\$	-	\$	2,800.00	\$	-	\$	-	\$	-	\$	2,800.00	\$	-	\$	2,800.00
5. Supplies:	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Educational	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Lab	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Pharmacy	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Medical	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Office	\$	4,400.00	\$	-	\$	4,400.00	\$	-	\$	-	\$	-	\$	4,400.00	\$	-	\$	4,400.00
6. Travel	\$	946.21	\$	-	\$	946.21	\$	-	\$	-	\$	-	\$	946.21	\$	-	\$	946.21
7. Occupancy	\$	5,300.00	\$	2,491.00	\$	7,791.00	\$	-	\$	2,491.00	\$	2,491.00	\$	5,300.00	\$	-	\$	5,300.00
8. Current Expenses	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Telephone	\$	7,155.00	\$	-	\$	7,155.00	\$	-	\$	-	\$	-	\$	7,155.00	\$	-	\$	7,155.00
Postage	\$	1,500.00	\$	-	\$	1,500.00	\$	-	\$	-	\$	-	\$	1,500.00	\$	-	\$	1,500.00
Subscriptions	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Audit and Legal	\$	300.00	\$	-	\$	300.00	\$	-	\$	-	\$	-	\$	300.00	\$	-	\$	300.00
Insurance	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Board Expenses	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
9. Software	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
10. Marketing/Communications	\$	2,583.26	\$	-	\$	2,583.26	\$	-	\$	-	\$	-	\$	2,583.26	\$	-	\$	2,583.26
11. Staff Education and Training	\$	1,500.00	\$	-	\$	1,500.00	\$	-	\$	-	\$	-	\$	1,500.00	\$	-	\$	1,500.00
12. Subcontract/Agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
13. Other (specify details mandatory)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Printing	\$	5,600.00	\$	-	\$	5,600.00	\$	-	\$	-	\$	-	\$	5,600.00	\$	-	\$	5,600.00
	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
TOTAL	\$	96,978.47	\$	8,664.90	\$	105,643.37	\$	-	\$	8,664.90	\$	8,664.90	\$	96,978.47	\$	-	\$	96,978.47
Indirect As A Percent of Direct				8.6%					#DIV/0!				0.0%					

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

Bidden/Program Name: Community Action Program Belknap-Merrimack Counties Inc

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

1.	Total Salary/Wages	\$	19,587.00	\$	-	\$	19,587.00	\$	-	\$	-	\$	-	\$	19,587.00	\$	-	\$	19,587.00
2.	Employee Benefits	\$	3,277.00	\$	-	\$	3,277.00	\$	-	\$	-	\$	-	\$	3,277.00	\$	-	\$	3,277.00
3.	Consultants	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
4.	Equipment	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Rental	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Repair and Maintenance	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Purchase/Depreciation	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
5.	Supplies	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Educational	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Lab	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Pharmacy	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Medical	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Office	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
6.	Travel	\$	100.00	\$	-	\$	100.00	\$	-	\$	-	\$	-	\$	100.00	\$	-	\$	100.00
7.	Occupancy	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
8.	Current Expenses	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Telephone	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Postage	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Subscriptions	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Audit and Legal	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Insurance	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
	Board Expenses	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
9.	Software	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
10.	Marketing/Communications	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
11.	Staff Education and Training	\$	1,000.00	\$	-	\$	1,000.00	\$	-	\$	-	\$	-	\$	1,000.00	\$	-	\$	1,000.00
12.	Subcontract/Agreements	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
13.	Other (specify details mandatorily)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
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Indirect As A Percent of Direct

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Contractor Initials _____
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12/11/13

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

Bidder/Program Name: Community Action Program Belknap-Merrimack Counties Inc

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
1. Total Salary/Wages	\$ 13,299.00	\$ 4,090.00	\$ 17,379.00	\$ -	\$ 4,090.00	\$ 4,090.00	\$ 13,299.00	\$ -	\$ 13,299.00									
2. Employee Benefits	\$ 3,696.00	\$ 1,023.00	\$ 4,719.00	\$ -	\$ 1,023.00	\$ 1,023.00	\$ 3,696.00	\$ -	\$ 3,696.00									
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Educational	\$ 968.00	\$ -	\$ 968.00	\$ -	\$ -	\$ -	\$ 968.00	\$ -	\$ 968.00									
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Office	\$ 976.97	\$ -	\$ 976.97	\$ -	\$ -	\$ -	\$ 976.97	\$ -	\$ 976.97									
6. Travel	\$ 720.00	\$ -	\$ 720.00	\$ -	\$ -	\$ -	\$ 720.00	\$ -	\$ 720.00									
7. Occupancy	\$ 250.00	\$ 550.00	\$ 800.00	\$ -	\$ 550.00	\$ 550.00	\$ 250.00	\$ -	\$ 250.00									
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Postage	\$ 200.00	\$ -	\$ 200.00	\$ -	\$ -	\$ -	\$ 200.00	\$ -	\$ 200.00									
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
10. Marketing/Communications	\$ 1,001.89	\$ -	\$ 1,001.89	\$ -	\$ -	\$ -	\$ 1,001.89	\$ -	\$ 1,001.89									
11. Staff Education and Training	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00	\$ -	\$ 500.00									
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
Printing	\$ 1,050.00	\$ -	\$ 1,050.00	\$ -	\$ -	\$ -	\$ 1,050.00	\$ -	\$ 1,050.00									
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -									
TOTAL	\$ 22,661.86	\$ 6,663.00	\$ 28,314.86	\$ -	\$ 6,663.00	\$ 6,663.00	\$ 22,661.86	\$ -	\$ 22,661.86									
Indirect As A Percent of Direct		25.0%			#DIV/0!		0.0%											

Exhibit B-4

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD											
Bidder/Program Name: Community Action Program Belknap-Merrimack Counties Inc											
Budget Request for: State Health Insurance Assistance Program (Name of Program)											
Budget Period: 1/1/14-6/30/14											
Line Item	Amount	Unit	Amount	Unit	Amount	Unit	Amount	Unit	Amount	Unit	Amount
1. Total Salary/Wages	\$ 6,706.00	\$	-	\$	6,706.00	\$	-	\$	-	\$	6,706.00
2. Employee Benefits	\$ 1,096.00	\$	-	\$	1,096.00	\$	-	\$	-	\$	1,096.00
3. Consultants	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
4. Equipment	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Rental	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Repair and Maintenance	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Purchase/Depreciation	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
5. Supplies	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Educational	\$ 250.00	\$	-	\$	250.00	\$	-	\$	-	\$	250.00
Lab	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Pharmacy	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Medical	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Office	\$ 500.00	\$	-	\$	500.00	\$	-	\$	-	\$	500.00
6. Travel	\$ 900.00	\$	-	\$	900.00	\$	-	\$	-	\$	900.00
7. Occupancy	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
8. Current Expenses	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Telephone	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Postage	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Subscriptions	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Audit and Legal	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Insurance	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Board Expenses	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
9. Software	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
10. Marketing/Communications	\$ 863.26	\$	-	\$	863.26	\$	-	\$	-	\$	863.26
11. Staff Education and Training	\$ 855.68	\$	-	\$	855.68	\$	-	\$	-	\$	855.68
12. Subcontracts/Agreements	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
13. Other (specific details mandatory)	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
Volunteer Travel	\$ 245.00	\$	-	\$	245.00	\$	-	\$	-	\$	245.00
	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-
TOTAL	\$ 11,448.94	\$	-	\$	11,448.94	\$	-	\$	-	\$	11,448.94

Indirect As A Percent of Direct

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2-9
12/11/13

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

Bidder/Program Name: Community Action Program Belknap-Merrimack Counties Inc

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 7/1/14 - 6/30/16

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500				
1. Total Salary/Wages	\$ 95,869.00	\$ 9,862.00	\$ 105,731.00	\$ -	\$ 9,862.00	\$ 9,862.00	\$ 9,862.00	\$ 9,862.00	\$ 9,869.00	\$ -	\$ 95,869.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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Exhibit B-7

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

Bidder/Program Name: Community Action Program Belknap-Merrimack Counties Inc

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

1. Total Salary/Wages	\$ 40,052.00	\$ -	\$ 40,052.00	\$ -	\$ -	\$ -	\$ -	\$ 40,052.00	\$ -	\$ 40,052.00
2. Employee Benefits	\$ 11,699.00	\$ -	\$ 11,699.00	\$ -	\$ -	\$ -	\$ -	\$ 11,699.00	\$ -	\$ 11,699.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 200.00	\$ -	\$ 200.00	\$ -	\$ -	\$ -	\$ -	\$ 200.00	\$ -	\$ 200.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 61,921.00	\$ -	\$ 61,921.00	\$ -	\$ -	\$ -	\$ -	\$ 61,921.00	\$ -	\$ 61,921.00
Indirect As A Percent of Direct		0.0%		#DIV/0!					0.0%	

Exhibit B-7
Page 1 of 1

Contractor Initials:
Date:

Date: 12/4/13

Exhibit B-8

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD												
Bidder/Program Name: Community Action Program Belknap-Merrimack Counties Inc												
Budget Request for: Family Caregiver Program (Name of Program)												
Budget Period: 7/1/14 - 6/30/15												
Line Item	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1. Total Salary/Wages	\$ 26,577.00	\$ 8,244.00	\$ 34,821.00	\$ -	\$ 8,244.00	\$ 8,244.00	\$ 26,577.00	\$ -	\$ 26,577.00	\$ -	\$ 26,577.00	\$ -
2. Employee Benefits	\$ 7,391.00	\$ 2,061.00	\$ 9,452.00	\$ -	\$ 2,061.00	\$ 2,061.00	\$ 7,391.00	\$ -	\$ 7,391.00	\$ -	\$ 7,391.00	\$ -
3. Consultants	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ 500.00	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ 500.00	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,250.00	\$ -	\$ 1,250.00	\$ -	\$ -	\$ -	\$ 1,250.00	\$ -	\$ 1,250.00	\$ -	\$ 1,250.00	\$ -
6. Travel	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -
7. Occupancy	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ 500.00	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 400.00	\$ -	\$ 400.00	\$ -	\$ -	\$ -	\$ 400.00	\$ -	\$ 400.00	\$ -	\$ 400.00	\$ -
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -
11. Staff Education and Training	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ 600.00	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -
TOTAL	\$ 41,218.00	\$ 10,306.00	\$ 51,524.00	\$ -	\$ 10,306.00	\$ 10,306.00	\$ 41,218.00	\$ -	\$ 41,218.00	\$ -	\$ 41,218.00	\$ -
Indirect As A Percent of Direct		25.0%		#DIV/0!				0.0%				

Contractor Initials: *AR*
Date: *12/4/13*

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

Bidder/Program Name: Community Action Program Belknap-Merrimack Counties Inc

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 26,164.00	\$ -	\$ 26,164.00	\$ -	\$ -	\$ -	\$ 26,164.00	\$ -	\$ 26,164.00
2. Employee Benefits	\$ 12,199.00	\$ -	\$ 12,199.00	\$ -	\$ -	\$ -	\$ 12,199.00	\$ -	\$ 12,199.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 100.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 434.00	\$ -	\$ 434.00	\$ -	\$ -	\$ -	\$ 434.00	\$ -	\$ 434.00
6. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 200.00	\$ -	\$ 200.00	\$ -	\$ -	\$ -	\$ 200.00	\$ -	\$ 200.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 100.00
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 100.00
TOTAL	\$ 39,297.00	\$ -	\$ 39,297.00	\$ -	\$ -	\$ -	\$ 39,297.00	\$ -	\$ 39,297.00
Indirect As A Percent of Direct	0.0%			#DIV/0!			0.0%		

NH Department of Health and Human Services**STANDARD EXHIBIT C****SPECIAL PROVISIONS**

1. 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:

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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:

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

Place Holder for Exhibit B-10

For SMP Budget for SFY 15

8.3 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:

9. 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:

9.1 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.

9.2 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.

9.3 Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor 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.

10.1 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.

10.2 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.

11. 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.

12. Reports: Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.

12.1 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.

12.2 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.

13. 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.

14. 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:

14.1 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.

15. 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.

16. 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.

17. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

SPECIAL PROVISIONS – 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.

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.

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

R-9
12/1/13

NH Department of Health and Human Services

STANDARD EXHIBIT D

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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) 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;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) 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);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) Abide by the terms of the statement; and
 - (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;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(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;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (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
 - (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;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) 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)

2 Industrial Park Drive, Concord, Merrimack, NH 03301

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

Community Action Program

Belknap-Merrimack Counties, Inc. From: 1/1/14 To: 6/30/15

(Contractor Name)

(Period Covered by this Certification)

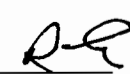
Ralph Littlefield, Executive Director

(Name & Title of Authorized Contractor Representative)


(Contractor Representative Signature)

12/4/13

(Date)

Contractor Initials: 

Date: 12/4/13

NH Department of Health and Human Services

STANDARD EXHIBIT E

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

Contract Period: 1/1/14 through 6/30/15

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 Representative Signature)

Ralph Littlefield, Executive Director
 (Authorized Contractor Representative Name & Title)

Community Action Program Belknap-Merrimack Counties, Inc.
 (Contractor Name)

12/4/13
 (Date)

Contractor Initials: A-R

Date: 12/4/13

NH Department of Health and Human Services
STANDARD EXHIBIT F
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

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) 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;
 - (c) 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
 - (d) 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.
- (2) 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

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:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) 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).

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.

	Ralph Littlefield, Executive Director
_____ (Contractor Representative Signature)	_____ (Authorized Contractor Representative Name & Title)
Community Action Program Belknap-Merrimack Counties, Inc.	12/4/13
_____ (Contractor Name)	_____ (Date)

Contractor Initials: R-L
Date: 12/4/13

NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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 make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.


(Contractor Representative Signature)

Ralph Littlefield, Executive Director
(Authorized Contractor Representative Name & Title)

Community Action Program Belknap-Merrimack Counties, Inc.
(Contractor Name)

12/4/13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT H

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 Representative Signature)

Ralph Littlefield, Executive Director
(Authorized Contractor Representative Name & Title)

Community Action Program Belknap-Merrimack Counties, Inc.
(Contractor Name)

12/4/13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 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 and those parts of the HITECH Act 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.

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- 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.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 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 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- 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, unreasonable, 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) 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, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do 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 HITECH Act, Subtitle D, Part 1, Sec. 13402 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 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. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec. 13404.
- c. 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.
- d. 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)b and (3)k herein. 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 pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. 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.
- f. 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.
- g. 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.

- h. 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.
- i. 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.
- j. 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.
- k. 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 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 standard provision #10 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.

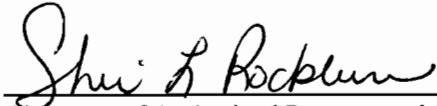
(6) **Miscellaneous**

- 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, and the HITECH Act as 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 and the HITECH Act.
- 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 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Department of Health & Human Services
The State Agency Name

Community Action Program
Belknap-Merrimack Counties, Inc.
Name of the Contractor


Signature of Authorized Representative


Signature of Authorized Representative

Sheri L. Rockburn
Name of Authorized Representative

Ralph Littlefield
Name of Authorized Representative

Acting Associate Commissioner
Title of Authorized Representative

Executive Director
Title of Authorized Representative

12/4/13
Date

12/4/13
Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

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.

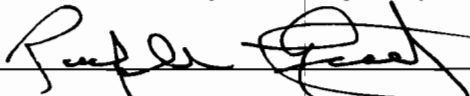
In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 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:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. 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 Representative Signature) (Authorized Contractor Representative Name & Title)
Community Action Program Belknap-Merrimack Counties, Inc. 12/4/13

(Contractor Name) (Date)

Contractor initials: RL
Date: 12/4/13
Page # 1 of Page # 2

NH Department of Health and Human Services

STANDARD EXHIBIT J

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: 07-399-7504

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:

Name:

Amount:

Name:

Amount:

Name:

Amount:

Name:

Amount:

Contractor initials: R-L

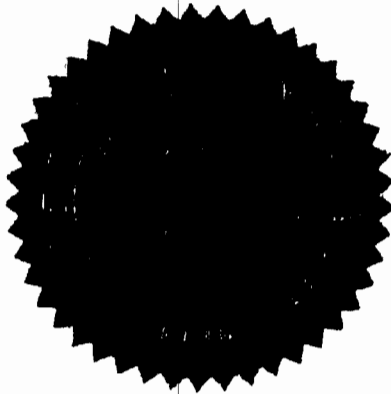
Date: 12/4/13

Page # 2 of Page # 2

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COMMUNITY ACTION PROGRAM BELKNAP AND MERRIMACK COUNTIES, INC. is a New Hampshire nonprofit corporation formed May 28, 1965. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of June A.D. 2013

A handwritten signature in black ink, appearing to read "Wm Gardner", written in a cursive style.

William M. Gardner
Secretary of State

Community Action Program Belknap-Merrimack Counties, Inc.

CERTIFICATE OF VOTE

I, Dennis T. Martino, Secretary-Clerk of Community Action Program Belknap-Merrimack Counties, Inc. (hereinafter the "Corporation"), a New Hampshire corporation, hereby certify that: (1) I am the duly elected and acting Secretary-Clerk of the Corporation; (2) I maintain and have custody and am familiar with the minute books of the Corporation; (3) I am duly authorized to issue certificates with respect to the contents of such books; (4) that the Board of Directors of the Corporation have authorized, on 9/20/13, such authority to be in force and effect until 6/30/15 (contract termination date). (see attached)

The person(s) holding the below listed position(s) are authorized to execute and deliver on behalf of the Corporation any contract or other instrument for the sale of products and services:

Ralph Littlefield, Executive Director

(5) The meeting of the Board of Directors was held in accordance with New Hampshire, (state of incorporation) law and the by-laws of the Corporation; and (6) said authorization has not been modified, amended or rescinded and continues in full force and effect as of the date hereof. Excerpt of dated minutes or copy of article or section of authorizing by-law must be attached.

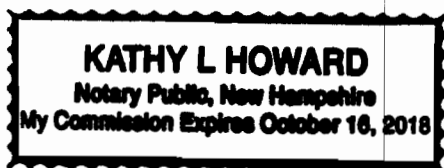
IN WITNESS WHEREOF, I have hereunto set my hand as the Clerk/Secretary of the corporation this 4th day of December, 20 13.

Dennis T. Martino
Secretary-Clerk

STATE OF NEW HAMPSHIRE
COUNTY OF MERRIMACK

On this 4th day of December, 20 13, before me, Kathy L. Howard the undersigned Officer, personally appeared Dennis T. Martino who acknowledged her/himself to be the Secretary-Clerk of Community Action Program Belknap-Merrimack Counties, Inc., a corporation and that she/he as such Secretary-Clerk being authorized to do so, executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



Kathy L. Howard
Kathy L. Howard, Notary Public
Notary Public/Justice of the Peace

Commission Expiration Date:

COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.

CORPORATE RESOLUTION

The Board of Directors of Community Action Program Belknap-Merrimack Counties, Inc. authorizes the Executive Director, Deputy Director, Chief Accountant, President, Vice-President(s) or Treasurer of the Agency to sign contracts and reports with the State of New Hampshire, Departments of the Federal Government, which include all federal #269 and #272 Forms, and public or private nonprofit agencies *including, but not limited to, the following:*

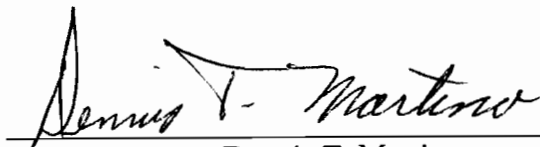
- Department of Administrative Services for food distribution programs
- Department of Education for nutrition programs
- Department of Health and Human Services
 - Bureau of Elderly and Adult Services for elderly programs
 - Bureau of Homeless and Housing Services for homeless/housing programs
 - Division of Children, Youth, and Families for child care programs
 - Division of Family Assistance for Community Services Block Grant
 - Division of Public Health Services for public health programs
- Department of Justice for child advocacy/therapy programs
- Department of Transportation-Public Transportation Bureau for transportation programs
- Public Utilities Commission for utility assistance programs
- Workforce Opportunity Council for employment and job training programs
- Department of Resources and Economic Development
- Governor's Office of Energy and Planning for Head Start, Low Income Energy Assistance, Weatherization and Block Grant programs
- New Hampshire Community Development Finance Authority
- New Hampshire Housing Finance Authority
- New Hampshire Secretary of State
- U. S. Department of Housing and Urban Development
- U. S. Department of the Treasury – Internal Revenue Service
- and other departments and divisions as required

This Resolution authorizes the signing of all supplementary and subsidiary documents necessary to executing the authorized contracts as well as any modifications or amendments relative to said contracts or agreements.

This Resolution was approved by the Board of Directors of Community Action Program Belknap-Merrimack Counties, Inc. on September 20, 2012, and has not been amended or revoked and remains in effect as of the date listed below.

12/4/13

Date



Dennis T. Martino
Secretary/Clerk

SEAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/4/2013

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101		CONTACT NAME: Karen Shaughnessy PHONE (A/C No. Ext): (603) 669-3218 FAX (A/C No.): (603) 645-4331 E-MAIL: kshaughnessy@crossagency.com ADDRESS:																						
INSURED Community Action Programs Belknap-Merrimack Counties Inc. P. O. Box 1016 Concord NH 03302		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A</td><td>Arch Ins Co</td><td>11150</td></tr><tr><td>INSURER B</td><td>QBE Insurance Corp</td><td>39217</td></tr><tr><td>INSURER C</td><td>Hanover Ins Group</td><td></td></tr><tr><td>INSURER D</td><td>N.H.M.M. JUA</td><td></td></tr><tr><td>INSURER E</td><td></td><td></td></tr><tr><td>INSURER F</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A	Arch Ins Co	11150	INSURER B	QBE Insurance Corp	39217	INSURER C	Hanover Ins Group		INSURER D	N.H.M.M. JUA		INSURER E			INSURER F		
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INSURER E																								
INSURER F																								

COVERAGES

CERTIFICATE NUMBER: 13-14 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR		NCPKG0226601	6/17/2013	6/17/2014	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 GENTL AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC
	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS	☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS	NCAUT0226601	6/17/2013	6/17/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 1,000,000
	UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE		NCUMB0226601	6/17/2013	6/17/2014	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 DED ☒ RETENTION \$ 10,000
	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	QWC3000372 (3a.) NH All officers included	6/17/2013	6/17/2014	☒ WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Blanket crime		BDV1945863	3/27/2013	3/27/2014	\$400,000
D	Professional		NHJUA11882	12/30/2012	12/30/2013	\$1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

NH Dept of Health & Human Services Bureau of Elderly & Adult Services 129 Pleasant Street, Brown Bld 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 Laura Perrin/JSC <i>Laura Perrin</i>

COMMUNITY ACTION PROGRAM
BELKNAP - MERRIMACK COUNTIES, INC.

**FINANCIAL STATEMENTS
FOR THE YEAR ENDED
FEBRUARY 29, 2012
AND
INDEPENDENT AUDITORS' REPORT**

COMMUNITY ACTION PROGRAM BELKNAP – MERRIMACK COUNTIES, INC.

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COMMUNITY ACTION PROGRAM
BELKNAP - MERRIMACK COUNTIES, INC.

**FINANCIAL STATEMENTS
FOR THE YEAR ENDED
FEBRUARY 29, 2012
AND
INDEPENDENT AUDITORS' REPORT**

To the Board of Directors
Community Action Program Belknap-Merrimack Counties, Inc.
Concord, New Hampshire

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying statements of financial position of Community Action Program Belknap-Merrimack Counties, Inc. (a New Hampshire nonprofit corporation), as of February 29, 2012 and February 28, 2011, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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 of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Community Action Program Belknap-Merrimack Counties, Inc. as of February 29, 2012 and February 28, 2011, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated August 21, 2012 on our consideration of Community Action Program Belknap-Merrimack Counties, Inc.'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* and should be read in conjunction with this report in considering the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying schedules on pages 24 through 32 are presented for the purpose of additional analysis and are not a required part of the basic financial statements of the Organization. The accompanying schedule of expenditures of federal awards is presented for the purpose of additional analysis as required by the U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is also not a required part of the basic 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 basic financial statements and certain 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 taken as a whole.

*Leon, McDonnell & Roberts
Professional Association*

August 21, 2012
Concord, New Hampshire

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

STATEMENTS OF FINANCIAL POSITION
FEBRUARY 29, 2012 AND FEBRUARY 28, 2011

	<u>ASSETS</u>	
	<u>2012</u>	<u>2011</u>
CURRENT ASSETS		
Cash	\$ 2,114,892	\$ 1,424,147
Accounts receivable	3,431,173	4,626,352
Prepaid expenses	438,993	403,639
Total current assets	<u>5,985,058</u>	<u>6,454,138</u>
PROPERTY		
Land and buildings	4,619,289	4,619,289
Equipment	5,909,477	5,851,172
	10,528,766	10,470,461
Less accumulated depreciation	<u>(5,492,531)</u>	<u>(5,368,125)</u>
Property, net	<u>5,036,235</u>	<u>5,102,336</u>
OTHER ASSETS		
Investments	74,291	87,929
Due from related party	139,441	139,441
Total other assets	<u>213,732</u>	<u>207,370</u>
TOTAL ASSETS	<u>\$ 11,235,025</u>	<u>\$ 11,763,844</u>
	<u>LIABILITIES AND NET ASSETS</u>	
CURRENT LIABILITIES		
Current portion of notes payable	\$ 122,029	\$ 132,907
Accounts payable	2,442,548	2,555,156
Accrued expenses	1,149,313	996,135
Refundable advances	1,504,542	1,750,219
Total current liabilities	<u>5,218,432</u>	<u>5,434,417</u>
LONG TERM LIABILITIES		
Notes payable, less current portion shown above	<u>1,871,566</u>	<u>1,991,881</u>
Total liabilities	<u>7,089,998</u>	<u>7,426,298</u>
NET ASSETS		
Unrestricted	3,127,371	3,369,797
Temporarily restricted	1,017,656	967,749
Total net assets	<u>4,145,027</u>	<u>4,337,546</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 11,235,025</u>	<u>\$ 11,763,844</u>

See Notes to Financial Statements

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED FEBRUARY 29, 2012
WITH COMPARATIVE TOTALS FOR THE YEAR ENDED FEBRUARY 28, 2011**

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2012 Total</u>	<u>2011 Total</u>
REVENUES AND OTHER SUPPORT				
Grant awards	\$ 21,051,500		\$ 21,051,500	\$ 23,080,279
Other funds	3,783,884	\$ 2,485,991	6,269,875	7,604,783
In-kind	1,143,537		1,143,537	1,886,923
United Way	<u>145,880</u>	<u> </u>	<u>145,880</u>	<u>153,417</u>
Total revenues and other support	26,124,801	2,485,991	28,610,792	32,725,402
NET ASSETS RELEASED FROM RESTRICTIONS	<u>2,436,084</u>	<u>(2,436,084)</u>	<u> </u>	<u> </u>
Total	<u>28,560,885</u>	<u>49,907</u>	<u>28,610,792</u>	<u>32,725,402</u>
EXPENSES				
Compensation	9,208,281		9,208,281	9,383,940
Payroll taxes and benefits	2,305,424		2,305,424	2,201,820
Travel	334,076		334,076	323,197
Occupancy	1,144,249		1,144,249	1,116,042
Program services	11,588,546		11,588,546	13,448,527
Other costs	2,549,575		2,549,575	2,857,325
Depreciation	529,623		529,623	505,848
In-kind	<u>1,143,537</u>	<u> </u>	<u>1,143,537</u>	<u>1,886,923</u>
Total expenses	<u>28,803,311</u>	<u> </u>	<u>28,803,311</u>	<u>31,723,622</u>
CHANGES IN NET ASSETS	(242,426)	49,907	(192,519)	1,001,780
NET ASSETS - BEGINNING OF YEAR	<u>3,369,797</u>	<u>967,749</u>	<u>4,337,546</u>	<u>3,335,766</u>
NET ASSETS - END OF YEAR	<u>\$ 3,127,371</u>	<u>\$ 1,017,656</u>	<u>\$ 4,145,027</u>	<u>\$ 4,337,546</u>

See Notes to Financial Statements

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED FEBRUARY 29, 2012 AND FEBRUARY 28, 2011**

	<u>2012</u>	<u>2011</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ (192,519)	\$ 1,001,780
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	529,623	505,848
Gain on sale of property	(19,068)	(13,000)
(Increase) decrease in current assets:		
Accounts receivable	1,195,179	724,033
Prepaid expenses	(35,354)	(135,411)
Increase (decrease) in current liabilities:		
Accounts payable	(112,608)	(471,961)
Accrued expenses	153,178	12,052
Refundable advances	<u>(245,677)</u>	<u>97,187</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>1,272,754</u>	<u>1,720,528</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to property	(464,455)	(1,368,038)
Investment in partnership	(6,362)	(8,281)
Proceeds from sale of property	<u>20,000</u>	<u>13,000</u>
NET CASH USED IN INVESTING ACTIVITIES	<u>(450,817)</u>	<u>(1,363,319)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayment of long term debt	<u>(131,193)</u>	<u>(147,973)</u>
NET CASH USED IN FINANCING ACTIVITIES	<u>(131,193)</u>	<u>(147,973)</u>
NET INCREASE IN CASH	690,744	209,236
CASH BALANCE, BEGINNING OF YEAR	<u>1,424,148</u>	<u>1,214,911</u>
CASH BALANCE, END OF YEAR	<u>\$ 2,114,892</u>	<u>\$ 1,424,147</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:		
Cash paid during the year for interest	<u>\$ 122,905</u>	<u>\$ 132,739</u>

See Notes to Financial Statements

COMMUNITY ACTION PROGRAM BELKNAP – MERRIMACK COUNTIES, INC.

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED FEBRUARY 29, 2012**

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Organization

Community Action Program Belknap – Merrimack Counties, Inc. (the Organization) is a New Hampshire nonprofit organization that serves nutritional, health, living and support needs of the low income and elderly clients in the two county service areas, as well as state wide. These services are provided with the financial support of various federal, state, county and local organizations.

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 105-10, Generally Accepted Accounting Principles ("GAAP") establishes the FASB Accounting Standards Codification ("Codification") as the source of authoritative accounting principles recognized by the FASB to be applied to nongovernmental entities in the preparation of financial statements in conformity with GAAP.

Basis of Presentation

Financial statement presentation follows the recommendations of the FASB in its Accounting Standard Codification No. 958 *Financial Statements of Not-For-Profit Organizations*. Under FASB ASC No. 958, the Organization 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. The classes of net assets are determined by the presence or absence of donor restrictions. As of February 29, 2012 the Organization had no permanently restricted net assets and temporarily restricted net assets of \$1,017,656.

Income Taxes

Community Action Program Belknap – Merrimack Counties, Inc. is organized as a nonprofit corporation and is exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Internal Revenue Service has determined them to be other than a private foundation.

Community Action Program of Belknap-Merrimack Counties, Inc. files information returns in the United States and the State of New Hampshire. Community Action Program of Belknap-Merrimack Counties, Inc. is no longer subject to examinations by tax authorities for years before 2008.

Accounting Standard Codification No. 740 (ASC 740), *Accounting for Income Taxes*, established the minimum threshold for recognizing, and a system for measuring, the benefits of tax return positions in financial statements. The Organization has analyzed its tax position taken on its income tax returns for the years (2007 through 2010), for the

purposes of implementation, and has concluded that no additional provision for income taxes is necessary in the Organization's financial statements.

Property

Property is recorded at cost, except for donated assets, which are recorded at fair value at the date of the donation. Assets purchased with a useful life in excess of one year and exceeding \$5,000 are capitalized unless a lower threshold is required by certain funding sources. Depreciation is computed on the straight line basis over the estimated useful lives of the related assets as follows:

Buildings and improvements	40 years
Equipment and office furniture	7 years
Vehicles	5 years
Computer hardware and software	3 years

Use of Estimates

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

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all liquid investments purchased with original maturities of three months or less to be cash equivalents. Community Action Program Belknap-Merrimack Counties, Inc. maintains its cash in bank deposit accounts, which at times may exceed federally insured limits. The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant risk with respect to these accounts.

Contributions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are restricted by the donor for future periods or for specific purposes are reported as temporarily restricted or permanently restricted support, depending on the nature of the restriction. However, if a restriction is fulfilled in the same period in which the contribution is received, the Organization reports the support as unrestricted.

In-Kind Donations / Noncash Transactions

Donated facilities, services and supplies are reflected as revenue and expense in the accompanying financial statements. This represents the estimated fair value for the service, supplies and space that the Organization might incur under normal operating activities.

Advertising

The Organization expenses advertising costs as incurred.

2. REFUNDABLE ADVANCES

Grants received in advance are recorded as refundable advances and recognized as revenue in the period in which the related services or expenditures are performed or

incurred. Funds received in advance of grantor conditions being met aggregated \$1,504,542 as of February 29, 2012.

3. **RETIREMENT PLAN**

The Organization has a qualified contributory pension plan which covers substantially all employees. The cost of the plan is charged to programs administered by the Organization. The expense of the plan for the year ended February 29, 2012 was \$386,927.

4. **LEASED FACILITIES**

Facilities occupied by the Organization for its community service programs are leased under various operating leases. The lease terms range from annual to every five years. For the year ended February 29, 2012, the annual lease expense for the leased facilities was \$489,570.

The approximate future minimum lease payments on the above leases are as follows:

<u>Year Ended February 28</u>	<u>Amount</u>
2013	\$ 237,818
2014	95,467
2015	<u>33,631</u>
Total	<u>\$ 366,916</u>

5. **ACCRUED EARNED TIME**

The Organization has accrued a liability for future annual leave time that its employees have earned and vested in the amount of \$485,917 at February 29, 2012.

6. **LONG TERM DEBT**

Long term debt consisted of the following as of February 29, 2012:

5.75% note payable to a financial institution in monthly installments for principal and interest of \$12,373 through July, 2023. The note is secured by property of the Organization for Lakes Region Family Center.

\$ 1,388,984

Note payable to a bank in monthly installments for principal and interest of \$4,494 through April, 2023. Interest is stated at 1% above the prime rate as published by the Wall Street Journal, which resulted in an interest rate of 4.25% at February 29, 2012. The note is secured by a first real estate mortgage and assignment of rents and leases on property located in Concord, New Hampshire for Early Head Start.

472,615

3% note payable to the City of Concord for leasehold improvements in monthly installments for principal and interest of \$747 through May, 2027. The note is secured by property of the Organization for the agency administrative building renovations. 109,555

4.75% note payable to Rural Development in monthly installments for principal and interest of \$148 per month through September, 2031. The note is secured by property of the Organization for Franklin Community Services building. 22,441

Total 1,993,595
Less amounts due within one year 122,029

Long term portion \$ 1,871,566

The scheduled maturities of long term debt as of February 29, 2012 were as follows:

<u>Year Ending February 28</u>	<u>Amount</u>
2013	\$ 122,029
2014	129,407
2015	137,236
2016	145,551
2017	154,380
Thereafter	<u>1,304,992</u>
	<u>\$ 1,993,595</u>

7. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of February 29, 2012:

Land	\$ 169,676
Building and improvements	4,449,613
Equipment	<u>5,909,477</u>
	<u>\$ 10,528,766</u>

Depreciation expense for the year ended February 29, 2012 was \$529,623.

8. CONTINGENCIES

The Organization receives grant funding from various sources. Under the terms of these agreements, the Organization is required to use the funds within a certain period and for purposes specified by the governing laws and regulations. If expenditures were found not to have been made in compliance with the laws and regulations, the Organization might be required to repay the funds. No provisions have been made for this

contingency because specific amounts, if any, have not been determined or assessed as of February 29, 2012. Monitorings have not indicated any discrepancies.

9. CONCENTRATION OF RISK

For the year ended February 29, 2012, approximately \$11,585,000 (40%) of the Organization's total revenue was received from the Department of Health and Human Services. The future scale and nature of the Organization is dependent upon continued support from this department.

The Organization maintains its cash accounts in several financial institutions in southern New Hampshire. At February 29, 2012, the balances on interest bearing accounts were insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 and noninterest-bearing accounts had unlimited FDIC coverage. Effective July 1, 2010, one of the financial institutions collateralizes all deposits in excess of the FDIC limit. Another financial institution collateralizes the Organization's sweep repurchase account up to 110% of the account balance with US Government Agencies. At February 29, 2012, there were no deposits in excess of the FDIC limit.

10. TEMPORARILY RESTRICTED NET ASSETS

At February 29, 2012, temporarily restricted net assets consisted of the following unexpended, purpose restricted donations:

Restricted Purpose

Agency Fuel Assistance Program	\$ 58,777
Nutrition and Elder Services	639,848
Caring Fund	12,027
Common Pantry	5,962
Software Program-FAP/EAP	6,879
Senior Center	120,938
Agency Head Start	141,063
Agency Family Planning and Prenatal Program	8,954
NH Food Pantry Coalition	663
NH Rotary Food Challenge	5,068
Summer Feeding	<u>17,477</u>
	<u>\$ 1,017,656</u>

11. STATEMENT OF FUNCTIONAL EXPENSES

The Statement of Activities discloses expenses by natural classification. The classification of expenses by function is summarized below:

	<u>Program</u>	<u>Management</u>	<u>Total</u>
Salaries and wages	\$ 8,783,284	\$ 424,997	\$ 9,208,281
Benefits and payroll taxes	2,181,201	124,223	2,305,424
Travel	332,262	1,814	334,076
Occupancy	1,000,811	143,438	1,144,249

Program services	11,588,546		11,588,546
Other costs:			
Accounting fees	16,474	31,255	47,729
Legal fees	20,013	353	20,366
Supplies	220,309	33,624	253,933
Postage and shipping	64,657	1,107	65,764
Equipment rental and maintenance	36,279	1,532	37,811
Printing and publications	6,701	1,299	8,000
Conferences, conventions and meetings	12,833	12,766	25,599
Interest	115,647	7,258	122,905
Insurance	202,691	27,158	229,849
Membership fees	9,888	12,744	22,632
Utility and maintenance	450,800	50,107	500,907
Other	1,156,008	58,072	1,214,080
Depreciation	523,973	5,650	529,623
In kind	<u>1,143,537</u>		<u>1,143,537</u>
	<u>\$ 27,865,914</u>	<u>\$ 937,397</u>	<u>\$ 28,803,311</u>

12. RELATED PARTY TRANSACTIONS

Community Action Program Belknap – Merrimack Counties, Inc. is related to the following corporation as a result of common management:

<u>Related Party</u>	<u>Function</u>
CAPBMC Development Corporation	Real Estate Development

Development Service Agreement

Community Action Program Belknap – Merrimack Counties, Inc. has a development services agreement with Sandy Ledge Limited Partnership whose purpose is to acquire, rehabilitate and operate a qualified low-income apartment building as defined by Internal Revenue Code Section 42. CAPBMC Development Corporation is the general partner in Sandy Ledge Limited Partnership. The agreement called for payment of services in the amount of \$194,000. The amount due from Sandy Ledge Limited Partnership at February 29, 2012 totaled \$139,441.

13. RECLASSIFICATION

Certain amounts and accounts from the prior year financial statements have been reclassified to enhance the comparability with the presentation of the current year.

14. FAIR VALUE OF FINANCIAL INSTRUMENTS

Community Action Program of Belknap-Merrimack Counties, Inc. is a limited liability company member of Community Provider Network of Central NH, LLC. The investment total at February 29, 2012 was \$35,000.

The Organization has also invested money relating to its Fix-it program in certain mutual funds. The fair market value of the mutual funds totaled \$39,291 at February 29, 2012.

ASC Topic No. 820-10, Financial Instruments, provides a definition of fair value which focuses on an exit price rather than an entry price, establishes a framework in generally accepted accounting principles for measuring fair value which emphasizes that fair value is a market-based measurement, not an entity-specific measurement, and requires expanded disclosures about fair value measurements. In accordance with FASB ASC 820, the Organization may use valuation techniques consistent with market, income and cost approaches to measure fair value. As a basis for considering market participant assumptions in fair value measurements, FASB ASC 820 establishes a fair value hierarchy, which prioritizes the inputs used in measuring fair values. The hierarchy gives the highest priority to Level 1 measurements and the lowest priority to Level 3 measurements. The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.

Level 3 - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

At February 29, 2012, the Organization's investments were classified as Level 1 and 3 and were based on fair value.

Fair Value Measurements using Significant Observable Inputs (Level 1)

Beginning balance (at fair value)	\$ 32,929
Total gains or (losses) - realized /unrealized	2,250
Purchases	<u>4,112</u>
Ending Balance	<u>\$ 39,291</u>

Fair Value Measurements using Significant Unobservable Inputs (Level 3)

Beginning balance (at fair value)	\$ 35,000
Total gains or (losses) - realized/unrealized	<u>-</u>
Ending Balance	<u>\$ 35,000</u>

The carrying amount of cash, current assets, other assets and current liabilities, approximates fair value because of the short maturity of those instruments.

15. **FISCAL AGENT**

Community Action Program Belknap-Merrimack Counties, Inc. acts as the fiscal agent for the following community organizations: Franklin Community Services Building (Franklin), the Common Pantry (Laconia), the Caring Fund (Meredith), the NH Food Pantry Coalition, and the NH Rotary Food Challenge. The Agency provides the management and oversight of the revenues received (donations) and the expenses (utilities, food and emergency services).

16. **SUBSEQUENT EVENTS**

Subsequent events have been evaluated through August 21, 2012, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

(See Independent Auditors' Report)

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF FEDERAL AWARDS
FOR THE YEAR ENDED FEBRUARY 29, 2012**

FEDERAL GRANTOR/ PROGRAM TITLE	CFDA NUMBER	FEDERAL EXPENDITURES
<u>US DEPT. OF HEALTH AND HUMAN SERVICES</u>		
Head Start	93.600	\$ 3,193,684
ARRA-Early Head Start Expansion	93.709	301,156
Through State of New Hampshire		
Weatherization-HRRP	93.568	111,255
Fuel Assistance	93.568	5,014,215
Fuel Assistance-SEAS	93.044	6,626
Title III Part C	93.045	843,314
Community Services Block Grant	93.569	462,048
Title XX - Block Grant	93.667	458,550
Family Planning	93.217	179,719
Family Planning	93.558	42,392
Family Planning	93.940	2,809
Family Planning - Workforce Grant	93.779	11,977
Obesity Prevention	93.283	3,251
Title III Part B Rural Transportation	93.044	239,848
TANF - Home Visiting	93.558	38,322
Prenatal	93.994	26,106
Merrimack County Service Link Program	93.778	73,644
Merrimack County Service Link Program	93.052	20,572
Merrimack County Service Link Program	93.667	8,843
Merrimack County Service Link Program	93.048	21,026
Merrimack County Service Link Program	93.779	20,071
Merrimack County Service Link Program	93.071	1,322
Elder Services/NSIP	93.053	194,308
Through Southern New Hampshire Services		
NHEP-Job Club	93.558	50,805
NHEP-Community Work Experience	93.558	22,702
Work Skills Work Experience-Workplace Success	93.558	224,350
Through Lakes Region Partnership for Public Health		
MIPPA	93.518	1,625
MIPPA	93.779	4,875
MIPPA	93.791	5,882
		11,585,297
<u>US DEPARTMENT OF AGRICULTURE</u>		
Through State of New Hampshire		
WIC	10.557	679,883
CSFP	10.565	1,015,866
Senior Farmers Market	10.576	91,042
Surplus Food-TEFAP-Admin	10.568	105,709
Surplus Food-TEFAP	10.569	1,029,134
CACF Head Start/USDA	10.558	202,000
Summer Food-USDA	10.559	107,707
		3,231,341

CORPORATION FOR NATIONAL SERVICES

Senior Companion	94.016	349,020

US DEPARTMENT OF TRANSPORTATION**Through State of New Hampshire**

Concord Area Transit	20.509	604,876
Concord Area Transit-New Freedom	20.521	9,921
Winnepesaukee Transit System	20.509	55,420
Trolley Program	20.509	45,065
ARRA-Concord Area Transit	20.509	286,900
ARRA-Concord Area Transit-Vehicles	20.509	179,643
5310 Capital Advance	20.513	55,966
		<u>1,237,791</u>

US DEPARTMENT OF JUSTICE**Through State of New Hampshire**

ARRA-Therapeutic Classroom	16.801	33,561
Greater Lakes Child Advocacy Center	16.543	12,375
Merrimack County Service Link - NHPOA	16.528	776
		<u>46,712</u>

US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Newbury Elderly Housing	14.157	110,687
Through New Hampshire Housing Finance Authority		
Statewide Lead Abatement Program	14.900	1,395,931
Through State of New Hampshire		
Home Program	14.239	200,551
ESG - New Start/Outreach Program	14.235	168,770
Homeless Prevention	14.235	22,840
ARRA-Homeless Prevention & Rapid Re-housing	14.257	238,602
Supportive Housing Services	14.235	58,683
		<u>2,196,064</u>

US DEPARTMENT OF ENERGY**Through State of New Hampshire**

Weatherization	81.042	156,234
ARRA-Weatherization	81.042	2,003,122
MH Park Weatherization	81.042	217,998
		<u>2,377,354</u>

US DEPARTMENT OF LABOR**Through State of New Hampshire**

Senior Community Service Employment	17.235	605,636

Through Southern New Hampshire Services

WIA-Adult Program	17.258	90,976
ARRA-WIA Adult Program	17.258	1,057
WIA-Dislocated Worker Program	17.260	160,827
ARRA-Dislocated Worker Program	17.260	7,410
ARRA-WIA Discretionary	17.258	11
ARRA-WIA Dislocated Discretionary	17.260	384
		<u>866,301</u>

Homeland Security**Through State of New Hampshire**

Emergency Management Performance Grant	97.042	25,000

Through United Way

Emergency Food and Shelter Program	97.024	9,674

34,674**TOTAL AWARDS EXPENDED**

\$ 21,924,554

NOTE A - BASIS OF PRESENTATION

The schedule of Expenditures of Federal Awards includes federal award activity of Community Action Program Belknap - Merrimack Counties, Inc. and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations."

COMMUNITY ACTION PROGRAM BELKNAP – MERRIMACK COUNTIES, INC.

**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 GOVERNMENT AUDITING STANDARDS**

To the Board of Directors
Community Action Program of Belknap-Merrimack Counties, Inc.
Concord, New Hampshire

We have audited the financial statements of Community Action Program of Belknap-Merrimack Counties, Inc. (a New Hampshire nonprofit corporation) as of and for the year ended February 29, 2012 and have issued our report thereon dated August 21, 2012. 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.

Internal Control Over Financial Reporting

Management of Community Action Program of Belknap-Merrimack Counties, Inc. is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our audit, we considered Community Action Program of Belknap-Merrimack Counties, Inc.'s internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Community Action Program of Belknap-Merrimack Counties, Inc.'s internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

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.

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 deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined previously.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Community Action Program of Belknap-Merrimack Counties, Inc.'s financial statements are free of 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.

This report is intended for the information and use of management, Board of Directors, federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

*Leone, McDannell & Roberts,
Professional Association*

August 21, 2012
Concord, New Hampshire

COMMUNITY ACTION PROGRAM BELKNAP – MERRIMACK COUNTIES, INC.

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH REQUIREMENTS
THAT COULD HAVE A DIRECT AND MATERIAL EFFECT ON EACH
MAJOR PROGRAM AND ON INTERNAL CONTROL OVER
COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133**

To the Board of Directors
Community Action Program of Belknap-Merrimack Counties, Inc.
Concord, New Hampshire

Compliance

We have audited Community Action Program of Belknap-Merrimack Counties, Inc.'s (a New Hampshire nonprofit corporation) compliance with the types of compliance requirements described in the *US Office of Management and Budget (OMB) Circular A-133 Compliance Supplement* that could have a direct and material effect on each of Community Action Program of Belknap-Merrimack Counties, Inc.'s major federal programs for the year ended February 29, 2012. Community Action Program of Belknap-Merrimack Counties, Inc.'s major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each major federal program is the responsibility of Community Action Program of Belknap-Merrimack Counties, Inc.'s management. Our responsibility is to express an opinion on Community Action Program of Belknap-Merrimack Counties, Inc.'s compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *"Audits of States, Local Governments and Non-Profit Organizations"*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Community Action Program of Belknap-Merrimack Counties, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of Community Action Program of Belknap-Merrimack Counties, Inc.'s compliance with those requirements.

In our opinion, Community Action Program of Belknap-Merrimack Counties, Inc. complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended February 29, 2012.

Internal Control Over Compliance

The management of Community Action Program of Belknap-Merrimack Counties, Inc. is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered the organization's internal control over compliance with the requirements that could have a direct and material effect on its major federal programs in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Community Action Program of Belknap-Merrimack Counties, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

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 deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended for the information and use of management, Board of Directors, federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

*Leone, McDannell & Roberts,
Professional Association*

August 21, 2012
Concord, New Hampshire

COMMUNITY ACTION PROGRAM BELKNAP – MERRIMACK COUNTIES, INC.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED FEBRUARY 28, 2012

1. The auditors' report expresses an unqualified opinion on the financial statements of Community Action Program of Belknap-Merrimack Counties, Inc.
2. There were no significant deficiencies reported in the *Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Governmental Auditing Standards*.
3. No instances of noncompliance material to the financial statements of Community Action Program of Belknap-Merrimack Counties, Inc. were disclosed during the audit.
4. No significant deficiencies relating to the audit of the major federal award programs are reported in the Independent Auditors' Report on Compliance with Requirements That Could Have a Direct and Material Effect on Each Major Program and on Internal Control Over Compliance in Accordance with OMB Circular A-133.
5. The auditors' report on compliance for the major federal award programs for Community Action Program of Belknap-Merrimack Counties, Inc. expresses an unqualified opinion on all major programs.
6. Audit findings that are required to be reported in accordance with section 510(a) of OMB Circular A-133 are reported in Part C of this schedule.
7. The programs tested as major programs were:
 - 10.557 Women, Infants & Children
 - 94.016 Senior Companion Program
 - 81.042 Weatherization
 - 81.042 ARRA-Weatherization
 - 20.509 Formula Grants for other than Urbanized Areas (Concord Area Transit and Winnepesaukee Transit Systems)
 - 20.509 ARRA-Formula Grant for other than Urbanized Areas
 - 10.565 Commodity Supplemental Food Program
 - 10.558 Child and Adult Care Food Program
 - 10.568 The Emergency Food Assistance Program-Admin.
 - 10.569 The Emergency Food Assistance Program
 - 93.558 Temporary Assistance to Needy Families
 - 14.257 ARRA-Homeless Prevention and Rapid Re-housing
 - 10.559 Summer Food Service Program
8. The threshold for distinguishing Type A and B programs was \$657,737.
9. Community Action Program of Belknap-Merrimack Counties, Inc. was determined to be a low-risk auditee.

FINDINGS – FINANCIAL STATEMENTS AUDIT

None

FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARD PROGRAMS AUDIT

None

COMMUNITY ACTION PROGRAM BELKNAP – MERRIMACK COUNTIES, INC.

**SUMMARY OF PRIOR AUDIT FINDINGS
FOR THE YEAR ENDED FEBRUARY 28, 2011**

United States Department of Energy

2011-01* Weatherization Program – CFDA 81.042 for the period ended February 28, 2011

Condition: During our review of project files, it was noted that one client did not meet the income eligibility requirements. Their income exceeded the threshold allowed for use of the weatherization funds.

Recommendation: The program staff must be diligent and ensure that all verifications of income are reviewed for eligibility.

Current Status:

The recommendation was adopted and the Assistant Director is now reviewing applications for eligibility.

* Finding number corrected to reflect fiscal year end.

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REVENUES AND EXPENDITURES
FOR THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM - CFDA 93.568
FOR THE YEAR ENDED FEBRUARY 29, 2012**

	<u>Grant Period</u> <u>10/1/10-9/30/11</u>	<u>Grant Period</u> <u>10/1/11-9/30/12</u>	<u>Total</u>
Revenues			
Division of Human Resources	\$ 1,558,989	\$ 3,566,481	\$ 5,125,470
Other	<u>25,196</u>	<u></u>	<u>25,196</u>
	<u>\$ 1,584,185</u>	<u>\$ 3,566,481</u>	<u>\$ 5,150,666</u>
Expenditures			
Personnel	\$ 233,684	\$ 103,466	\$ 337,150
Fringe benefits	59,593	29,001	88,594
Travel	1,878	2,785	4,663
Occupancy	92,089	26,506	118,595
Direct program costs	1,128,652	3,385,290	4,513,942
Other costs	<u>68,289</u>	<u>19,433</u>	<u>87,722</u>
	<u>\$ 1,584,185</u>	<u>\$ 3,566,481</u>	<u>\$ 5,150,666</u>

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REVENUES AND EXPENDITURES
FOR THE SENIOR COMPANION PROGRAM - CFDA 94.016
FOR THE YEAR ENDED FEBRUARY 29, 2012**

	<u>Grant Period</u> <u>7/1/10 - 6/30/11</u>	<u>Grant Period</u> <u>7/1/11 - 6/30/12</u>	<u>Total</u>
Revenues			
Corporation for National Services	<u>\$ 118,150</u>	<u>\$ 230,870</u>	<u>\$ 349,020</u>
Expenditures			
Personnel	\$ 90,517	\$ 148,127	\$ 238,644
Fringe benefits	(9,918)	17,697	7,779
Travel	31,655	62,431	94,086
Other costs	<u>5,896</u>	<u>2,615</u>	<u>8,511</u>
	<u>\$ 118,150</u>	<u>\$ 230,870</u>	<u>\$ 349,020</u>

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REVENUES AND EXPENDITURES
FOR THE HOME PROGRAM - CFDA 14.239
FOR THE YEAR ENDED FEBRUARY 29, 2012**

**Grant Period
4/01/08-10/31/11**

Revenues

New Hampshire Housing and Finance Authority
Other

\$ 200,551
29,409

\$ 229,960

Expenditures

Personnel
Fringe benefits
Travel
Direct program costs
Other costs

\$ 9,874
3,449
1,147
205,053
1,910

\$ 221,433

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REVENUES AND EXPENDITURES
FOR THE HEAD START PROGRAM - CFDA 93.600
FOR THE YEAR ENDED FEBRUARY 29, 2012**

	<u>Grant Period</u> <u>1/1/11-12/31/11</u>	<u>Grant Period</u> <u>1/1/12-12/31/12</u>	<u>Total</u>
Revenues			
U.S. Department of Health and Human Services	\$ 2,651,419	\$ 542,265	\$ 3,193,684
In-Kind	764,932	226,927	991,859
Other	<u>47,184</u>	<u>-</u>	<u>47,184</u>
	<u>\$ 3,463,535</u>	<u>\$ 769,192</u>	<u>\$ 4,232,727</u>
 Expenditures			
Personnel	\$ 1,718,990	\$ 327,705	\$ 2,046,695
Fringe benefits	389,456	96,706	486,162
Travel	27,024	5,751	32,775
In-Kind	764,932	226,927	991,859
Other costs	<u>563,133</u>	<u>112,103</u>	<u>675,236</u>
	<u>\$ 3,463,535</u>	<u>\$ 769,192</u>	<u>\$ 4,232,727</u>

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REVENUES AND EXPENDITURES
FOR THE NUTRITION AND ELDER SERVICES PROGRAM -
CFDA 93.045, 93.667 and 93.053
FOR THE YEAR ENDED FEBRUARY 29, 2012**

	<u>Grant Period</u> <u>7/1/10 - 6/30/11</u>	<u>Grant Period</u> <u>7/1/11 - 6/30/12</u>	<u>Total</u>
Revenues			
US Department of Health and Human Services:			
Title XX	\$ 154,766	\$ 303,784	\$ 458,550
Title III Part C	281,104	562,210	843,314
NH Department of Health & Human Services	67,430	126,878	194,308
Other	<u>-</u>	<u>606,170</u>	<u>606,170</u>
	<u>\$ 503,300</u>	<u>\$ 1,599,042</u>	<u>\$ 2,102,342</u>
Expenditures			
Personnel	\$ 325,368	\$ 587,235	\$ 912,603
Fringe benefits	70,269	130,069	200,338
Occupancy	68,065	129,857	197,922
Travel	43,886	78,570	122,456
Other costs	<u>240,139</u>	<u>457,552</u>	<u>697,691</u>
	<u>\$ 747,727</u>	<u>\$ 1,383,283</u>	<u>\$ 2,131,010</u>

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REVENUES AND EXPENDITURES
FOR THE ELECTRIC ASSISTANCE PROGRAM
FOR THE YEAR ENDED FEBRUARY 29, 2012**

	<u>Grant Period</u> <u>10/1/10-9/30/11</u>	<u>Grant Period</u> <u>10/1/11-9/30/12</u>	<u>Total</u>
Revenues	<u>\$ 851,433</u>	<u>\$ 1,003,610</u>	<u>\$ 1,855,043</u>
Expenditures			
Personnel	\$ 164,786	\$ 99,338	\$ 264,124
Fringe benefits	44,706	29,770	74,476
Travel	2,000	1,630	3,630
Occupancy	2,202	21,181	23,383
Other costs	<u>637,739</u>	<u>851,691</u>	<u>1,489,430</u>
	<u>\$ 851,433</u>	<u>\$ 1,003,610</u>	<u>\$ 1,855,043</u>

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REVENUES AND EXPENSES - BY PROGRAM
FOR THE YEAR ENDED FEBRUARY 29, 2012**

	<u>Revenues</u>	<u>Expenses</u>
Tornado Relief Fund (018)	25,000	25,000
Trolly Program (024)	61,314	61,446
Quilt Tobacco Treatment Program (031)	2,538	2,233
Twin River Community Corp (051 & 052)	27,215	38,559
Cottage Hotel (062 & 063)	18,820	13,366
Sandy Ledge (091 & 092)	10,453	19,137
Ozanam (102 & 103)	31,897	31,970
Senior Center Program (138)	20,612	17,322
Franklin Intergenerational (182 & 183)	33,600	46,105
Senior Companion Program - Non Federal (221 & 222)	44,721	70,868
Senior Companion Program - State (231 & 232)	31,652	33,078
Flood Fund (276)	2,451	2,320
Franklin Community Services (291 & 292)	26,220	21,666
Head Start - Childcare (351 & 352)	903,144	868,807
Belknap County - WXN Program (374)	-	106
Lakes Region Family Center (381 & 382)	157,533	157,533
REIP (401)	83,063	56,143
Purchase Rehabilitation Project (426)	178,308	178,308
NH Modular Ramp (430 & 431)	98,278	96,470
National Grid Program (472)	112,786	112,453
New Hampshire Housing Guarantee Program (491 & 492)	247,417	236,993

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

SCHEDULE OF REVENUES AND EXPENSES - BY PROGRAM
FOR THE YEAR ENDED FEBRUARY 29, 2012

	<u>Revenues</u>	<u>Expenses</u>
Core Program (501 & 502)	136,290	167,923
NH Rotary (540)	2	-
Common Pantry (551 & 552)	160	3,744
Software Program - FAP/EAP	20,000	13,902
Epsom Elderly Housing (641 & 642)	95,207	80,349
Belmont Housing (651 & 652)	73,469	71,469
Alton Housing (661 & 662)	49,991	50,507
Kearsarge Housing (671 & 672)	62,922	62,922
Riverside Housing (681 & 682)	72,182	72,182
Pembroke Housing (706 & 707)	82,033	82,033
Area Centers (761 & 762)	255,135	206,235
Home Access Program (774)	18,556	15,575
Transition In Caregiving FLEX (820)	5,125	5,125
THE FIXIT Program (831 & 832)	118,471	58,365
The Caring Fund (861 & 862)	4,980	7,574
Housing Future (891 & 892)	12,399	12,399
Agency Account FAP (922)	106,805	101,992
Agency Account SCP (930 & 931)	187	2,927
H/S Agency (941 & 942)	90,519	14,890
Agency FP/PN (963)	526	2
Saving Heat & Reducing Energy (970)	9,469	8,541
Agency Horseshoe Pond Place (992 & 993)	26,930	26,930

COMMUNITY ACTION PROGRAM BELKNAP - MERRIMACK COUNTIES, INC.

**SCHEDULE OF REFUNDABLE ADVANCES
FOR THE YEAR ENDED FEBRUARY 29, 2012**

<u>FUND #</u>	<u>FUND NAME</u>	<u>HHS PROGRAM CFDA#</u>	<u>AMOUNT</u>
572	Fuel Assistance Program	93.568	\$ 477,424
492	NH Housing Guarantee Program		195,287
592	Homeless Prevention		165,237
162	Elder Services Program	93.045,93.667	90,235
712	Concord Area Transit		76,252
903	Community Services Block Grant	93.569	72,720
193	Electric Assistance Program		70,790
153	Merrimack County Service Link	93.778,93.052,93.667,93.048,93.779,93.071	69,826
728	Homeless Revolving Loan Fund-Belknap County		51,159
262	Rural Transportation Service	93.044	45,359
832	Fixdt Program		40,863
426	Purchase Rehab Program		23,358
892	Housing Futures Program		18,000
853	New Start Program		18,535
018	Tornado Relief Fund		18,309
463	Weatherization-HRRP	93.568	14,186
70A	ARRA-Homeless Prevention & Rapid Re-housing		10,000
729	Homeless Revolving Loan Fund-Merrimack County		8,179
412	Weatherization		6,332
172	MIPPA/NH-CLP	93.791	6,073
178	Volunteer Travel Program		5,744
372	Greater Lakes Child Advocacy		5,000
70A	ARRA-Homeless Prevention & Rapid Re-housing		4,672
746	Community Crisis Fund		3,578
612	WIC		2,646
847	Loan Guarantee Program		2,530
232	Senior Companion Program - State		2,394
762	Area Center Program		1,476
15A	ARRA-State Wide T&TA		1,200
222	Senior Companion Program - Non-Federal		667
732	Winnepesaukee Transit System		511
	TOTAL		\$ 1,504,542

**COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.**

(Approved by Agency Board of Directors on 02/24/05
as part of the Agency Bylaws.)

STATEMENT OF PURPOSE

The purpose the corporation includes providing assistance for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals to become fully self-sufficient through planning and coordinating the use of a broad range of federal, state, local, and other assistance (including private resources) related to the elimination of poverty; the organization of a range of services related to the needs of low-income families and individuals, so that these services may have a measurable and potentially major impact on the causes of poverty and may help the families and individuals to achieve self-sufficiency; the maximum participation of residents of the low-income communities and members of the groups served to empower such residents and members to respond to the unique problems and needs within their communities; and to secure a more active role in the provision of services for private, religious, charitable, and neighborhood-based organizations, individual citizens, and business, labor, and professional groups, who are able to influence the quantity and quality of opportunities and services for the poor.



Community Action Program Belknap—Merrimack Counties, Inc.



P.O. Box 1016 ♦ 2 Industrial Park Drive ♦ Concord, NH 03302-1016
Phone (603) 225-3295 ♦ Toll Free (800) 856-5525 ♦ Fax (603) 228-1898 ♦ Web www.bm-cap.org

Effective 5/2/13

BOARD OF DIRECTORS

	<u>Term Expires</u>
Sara A. Lewko, <i>President</i>	Indefinite
Charles Russell, Esq., <i>Vice-President</i>	3/2014
Dennis Martino, <i>Secretary-Clerk</i>	3/2014
Kathy Goode, <i>Treasurer</i>	Indefinite
Heather Brown	1/2015
Nicolette Clark	1/2016
Susan Koerber	1/2016
Bill Johnson	Indefinite
Karen Painter	Indefinite
Theresa Cromwell	3/2014
Cindy Cantelo	1/2015
Matthew Hayward	1/2016

Public Sector – Indefinite
Elected Sector – 3-year term
Private Sector – 3-year term

enr

ALTON
Senior Center 875-7102
Prospect View Housing 875-3111

BELMONT
Senior Center 267-9867
Heritage Terr. Housing 267-8801

BRADFORD
Senior Center 938-2104

CONCORD
Area Center 225-6880
Head Start 224-6492
Early Head Start 224-6492
Concord Area
Meals-on-Wheels 225-9092
Concord Area Transil 225-1989
Horseshoe Pond Place 228-6956
WIC/CSFP 225-2050
Workplace Success 223-2305

FRANKLIN
Area Center 934-3444
Head Start 934-2161
Early Head Start 934-2161
Senior Center 934-4151
Family Planning 934-4905
Riverside Housing 934-5340

KEARSARGE VALLEY
Area Center 456-2207
Head Start 456-2208

LACONIA
Area Center 524-5512
Head Start 528-5334
Early Head Start 528-5334
Senior Center 524-7689
Family Planning 524-5453
Prenatal 524-5453
Winnepesaukee Transit 528-2496
Workplace Success 524-4367

MEREDITH

OSSISPEE
Family Planning 539-7552
Prenatal 539-7552

PEMBROKE
Village at Pembroke Farms
Housing 485-1842

PITTSFIELD
Senior Center 435-8482
Head Start 435-8482

PLYMOUTH
Family Planning 536-3584

SUNCOOK
Area Center 485-7824
Senior Center 485-4254

TILTON
Senior Center 527-8291

EDSOM

Community Action Program Belknap-Merrimack Counties, Inc.

**Department of Health and Human Services
Bureau of Elderly and Adult Services**

**NH ServiceLink Resource Centers Program
RFP # 14-DHHS-DCBCS-BEAS-01**

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Ralph Littlefield	Executive Director	\$ 118,448	0%	\$ 0.00
Brian F. Hoffman	Deputy Director	\$ 105,851	0%	\$ 0.00
Kathy Lavigne	Chief Accountant	\$ 60,275	0%	\$ 0.00
Pam Jolivette	Director, Elder Services	\$ 68,614	0%	\$ 0.00
Joel Green	Merrimack County ServiceLink Resource Center Manager	\$ 47,000	100%	\$ 47,000.00

RALPH LITTLEFIELD

EDUCATION

High School – Winnacunnet High School, Graduated June 1966
College – Keene State College, Keene, NH, Graduated May 1971
Degree – Bachelor of Education

EMPLOYMENT

January 1980 – Present

Community Action Program Belknap-Merrimack Counties, Inc.
Executive Director

Responsible for the general administration of the agency which is comprised of 85 major programs and has an annual budget in excess of \$37 million dollars and a staff of 410 employees.

June 1978 – January 1980

Southwestern Community Services, Inc., Keene, New Hampshire
Deputy Director

1976 – June 1978

Southwestern Community Services, Inc., Keene, New Hampshire
Head Start Director

1974 – 1975

Southwestern Community Services, Inc., Keene, New Hampshire
Program Coordinator-Food Stamp Program, Green Thumb Project,
Nutrition West

1974 – Head Counselor, Summer Neighborhood Youth Corps

1972 – Assistant Head Start Director, Cheshire County Head Start
Claremont, New Hampshire

June 1971 – General Services Director

BRIAN F. HOFFMAN

603-472-5316

WORK EXPERIENCE

1981 – Present

DEPUTY DIRECTOR

Community Action Program Belknap-Merrimack Counties, Inc.
P.O. Box 1016, Concord, NH 03302-1016

Provides general supervision and direction to the program directors and assists with the development, planning, coordination and implementation of all agency services. Responsible for the financial operation of the Fiscal Department, the programs and the agency.

1978-1981

COMMUNITY SERVICES ADMINISTRATOR

Southern New Hampshire Services, Inc.
P.O. Box 5040, Manchester, NH 03108

1976-1978

DIRECTOR OF ELDERLY AFFAIRS

Southern New Hampshire Services, Inc.

1974-1976

ASSISTANT DIRECTOR OF ELDERLY AFFAIRS

Southern New Hampshire Services, Inc.

EDUCATION

University of New Hampshire
Durham, New Hampshire
Bachelor of Science
Recreation and Parks Administration – 1974

PROFESSIONAL ASSOCIATIONS

New Hampshire Public Television, Community Advisory Board (appointed 2013)
Treasurer, Board of Directors, New Hampshire Community Development Finance Authority (2006-Present)
New Hampshire Community Action Association
Secretary, Board of Directors, Bedford Firefighters Association (2011-Present)
Retired Volunteer Firefighter and EMT for Bedford Fire Department (30 years)
Baboosic Lake Association, Board of Directors, served as Vice-President and President (12 years)
Pointer Fish and Game Club, Board of Directors, served as Treasurer (5 years)

KATHRYN R. LAVIGNE

603-934-3721

WORK EXPERIENCE

- July 1993-Present CHIEF ACCOUNTANT
Community Action Program Belknap-Merrimack Counties, Inc.
P.O. Box 1016, Concord, New Hampshire 03302-1016
- November 1992-
June 1993 SENIOR ACCOUNTANT
John Killion & Co., Concord, New Hampshire
Responsible for compilations and reviews of commercial accounts, preparation of financial statements and tax returns. Auditing at junior level for nonprofit organizations. Preparation of weekly payrolls, quarterly payroll tax returns and year-end W-2's for service bureau accounts. Installation of accounting software. Set-up of clients chart of accounts and trial balance. Software used: Real World, Word Perfect, Cougar Mountain, Accountants Trial Balance, Fixed Assets Management and Tax Machine.
- January 1989-
November 1992 OFFICE MANAGER
Rudolph Electrical Co., Inc., Concord, New Hampshire
Supervise staff of three. Responsible for implementing computerized accounting system. Handle all aspects of accounting, i.e. accounts receivable, accounts payable, payroll, general ledger and job cost. Responsible for preparation of weekly payroll, monthly financial statements and quarterly payroll tax returns. Collect overdue accounts.
- October 1979-
September 1988 Rivco, Penacook, New Hampshire
- June 1986-
September 1988 ACCOUNTING MANAGER
Supervise staff of seven. Responsible for hiring, assigning, appraising performance and directing department personnel, including recommending compensation changes and promotions. Participant in audit preparation. Administrator of profit sharing plan and trip promotion program.

August 1984-
September 1988

CREDIT MANAGER

Monitor all accounts and collect overdue accounts. Determine credit rating of prospective customers. Open accounts. Consult with lawyers, salesmen and sales manager. Represent company in court. Handle customer correspondence and telephone calls. Train and supervise credit personnel.

October 1979-
August 1984

ACCOUNTS RECEIVABLE CLERK

Handle all aspects of accounts receivable and billing. Reconcile accounts. Prepare monthly sales reports and aged trial balance by customer and by salesmen.

EDUCATION

1982-1989

Franklin Pierce College, Concord, New Hampshire
Bachelor's Degree in Accounting and Business Management
May 1989, Graduated Magna Cum Laude

1963-1967

Franklin High School, Franklin, New Hampshire
Business-Secretarial, Graduated with high honors

REFERENCES

Available upon request.

STEVEN E. GREGOIRE

PROFESSIONAL EXPERIENCE:

COMMUNITY ACTION PROGRAM BELKNAP-MERRIMACK COUNTIES, INC.

Budget Analyst, June 2012 - Current

- Assist the Deputy Director and Program Directors in the development, management and monitoring of all program and housing budgets.
- Monitoring of grant awards, ensuring all statutory, regulatory and financial requirements are met.
- Assists the Deputy Director with the development of risk management policies, procedures and controls for programs and the agency.

Certifier-Fuel Assistance/Electrical Assistance Programs, Aug 2011 – April 2012

- Collaboration with intake personnel regarding client applications.
- Review and certification of fuel and electrical applications for program compliance.

THE BEAN GROUP, Portsmouth, NH

Licensed Realtor, Sept 2010 – April 2011

- Helping buyers identify properties that meet their needs.
- Helping clients determine the value of property they want to sell.
- Preparation of market analysis statistics.

MEREDITH VILLAGE SAVINGS BANK, Meredith NH

VP Finance & VP Compliance & Bank Secrecy Act Officer, Sept 2007 – Dec 2008

- Responsible for the bank's regulatory compliance and Bank Secrecy Act programs.
- Served as bank's Bank Secrecy Act Officer.
- Received three "Always an Excellent Customer Experience" (AECE) awards during tenure at the bank. AECE awards exemplify positive teamwork experiences.
- Continued responsibility for all duties held as VP Finance & VP Compliance Officer.

VP Finance, & VP Compliance Officer, April 2002 – Sept 2007

- Graduate from the New England School of Banking at Williams College, July 2003
- Provided input as a member of the following bank committees: Compliance Oversight Committee, Risk Committee, Loan Review Committee, Total Quality Management Committee, Information Security Committee, Equity Investment Committee and Community Reinvestment Act Committee.
- Served as Quality Control Administrator for bank's secondary loan market activities.
- Continued responsibility for all duties held as Assistant Treasurer & Compliance officer.

Assistant Treasurer & Compliance Officer, Sept 1998 – April 2002

- Responsible for review, analysis, and completion of financial and regulatory reports.
- Coordinated all external audit and regulatory agency examinations.
- Coordinated preparation of annual budget and annual report with bank's CFO.
- Developed a system of controls for accounting transactions.
- Monitored variances from the budget and reported significant issues to the CFO.
- Dissemination of asset/liability information with the bank's outside ALCO consultant.
- Developed the bank's loan loss reserve calculation on a quarterly basis.
- Facilitated quarterly calculation of the bank's loan servicing asset with outside consultant.
- Provided financial analyses to members of senior staff as needed.
- Managed all bank insurance policies.
- Responsible for the bank's regulatory compliance program. Monitored all changes to Federal and State regulations and updated the bank's compliance program as needed. Researched regulatory issues and responded to compliance questions from bank personnel. Coordinated training programs to educate bank personnel about compliance requirements and procedures.

- Presentations to the Board of Trustees on issues requiring attention of the Board.
- Continued responsibility for all duties held as Assistant Treasurer.

Assistant Treasurer, June 1998 – Sept 1998

- Supervision of accounting department staff.
- Responsible for treasury functions and accounts payable system for the institution.

NH STATE BANKING DEPARTMENT, Concord, NH

Bank Examiner III, March 1995 - June 1998

- Served as a lead examiner for regulatory examinations of NH banks and credit unions.
- Development and presentation of examination conclusions and recommendations to board members at supervised financial institutions.
- Attended seven regulatory schools at Federal Deposit Insurance Corporation Seidman Training facility in Arlington VA. Also attended a number of National Credit Union Administration sponsored training courses while with the Banking Department. (A list of regulatory training can be provided upon request.)
- Continued responsibility for all duties held as Bank Examiner II.

Bank Examiner II, April 1994 – March 1995

- Classification and documentation of problem assets.
- Examination and interpretation of loan appraisals.
- Review of bank investment portfolios.
- Continued responsibility for all duties held as Bank Examiner I.

Bank Examiner I, March 1992 – April 1994

- Joined NH Banking Department shortly after several major NH banks had been merged under the direction of the FDIC and NH Banking Department.
- Worked as a member of examination team to ascertain institutions' financial condition.
- Review of bank and credit union financial statements.
- Interaction with financial institution personnel to assure reporting accuracies.
- Credit review of loans and analysis of bank loan portfolios.
- Held loan discussions with bank personnel to assure proper classification of problem loans.

STEVE'S MAINTENANCE SERVICE, Meredith & Bow NH

Owner / Operator, March 1988 – Current

- Building manager for wife's duplex rental apartment building in Concord NH.
- Full time operation of maintenance business from March 1988 – March 1992
- Full time operation of business from Jan 2009 – June 2012.
- General maintenance and repair services for residential properties.
- Business had broadened its mission to provide varied home maintenance services to both residential and commercial clients.
- Previously certified as a certified Residential Building Analyst & Envelope Professional by the Building Performance Institute (BPI)

MEREDITH LUMBER INC., Meredith NH

Vice President, Sept 1983 – February 1988

- Responsibilities involved general operations and building material sales.
- Accomplishments included automation of accounts receivable function, resolving inventory loss problems and insuring high quality customer service.

EDUCATION

Bentley College, Waltham, MA

Bachelor of Science Degree in Management May 1983

Associates of Science Degree in Accountancy May 1983

VOLUNTEER AND COMMUNITY ORGANIZATIONS

Meredith Rotary Club, Meredith NH (1988 – March 2010)

- Club President 1998 - 1999
- Club Secretary 2003 - 2006
- Assistant Treasurer 2009 – March 2010
- Proposed Club Treasurer 2010 - 2011
- 1995 Meredith Rotary Great Rotary Fishing Derby Chairman. Managed 60 volunteer Rotarians for annual fundraiser event with gross revenues of \$160,000.
- Responsible for computer operations and validation of data input each annual Rotary derby.

Town of Meredith NH

- Town Treasurer, 1993 - 1996

Greater Meredith Program, Meredith NH (a/k/a Main Street Program (1997 – April 2010)

- Served as a founding organizer of local economic development organization.
- Secretary 1998 – 1999 Secretary
- Board President 2002
- Treasurer 2003 – 2008
- Managed organization through difficult financial period in 2002.
- Interim Board President Oct 2009 – April 2010

Meredith Emergency Food Pantry, Meredith NH (At Community Action Office)

- Board member and advocate for program 1995 – January 2009

New Frontier Industries Inc., Milton NH

- Board member 2005 – Sept 2008
- Advocate for \$5.5M non-profit mixed plastics recycling project.
- New Frontier Industries was previously owned by Northeast Resource Recovery Association.

Kidworks Learning Center, Meredith NH

- Board member 2008 – January 2009
- 100 member child care center with annual budget of approx. \$650,000.

COMMUNITY AWARDS

- 1999 Rotary Paul Harris award recipient from Meredith Rotary Club.
- 2007 Meredith Chamber Of Commerce Citizenship of the Year Award for service to community.
- Town of Meredith Community Award Recognition in 2010 Annual Meredith Town Report.

References available upon request

PAMELA JOLIVETTE

EMPLOYMENT HISTORY

ELDER SERVICES DIRECTOR

8/97 — Present

Community Action Program Belknap-Merrimack Counties, Inc.
PO Box 1016, Concord, NH 03302-1016

Director of Elder Service Programs for a 2 county region offering community based resources for older adults. Included are senior meals, both home delivered and community dining; 9 multi-purpose senior centers, a transportation system for seniors and disabled adults, resident services at an 84 unit senior housing facility, ServiceLink Resource Center of Merrimack County, and the Senior Companion Program of New Hampshire. Seniors served exceed 5,000 on an annual basis.

Financial Management of a 2.9 million dollar departmental budget. Diverse local, state and federal revenue sources include Older American Act funds, Title XX, Medicaid, State, County and Town funds, United Way, Client Donations and Private sector funds. Responsibilities include grant applications, contract management, fundraising and financial reporting

Department Personnel consist of 100 full and part-time staff. Over 430 volunteers donate 26,000 hours annually. Professional development initiatives, strategic planning and recognition continue to result in substantial service expansion and minimal staff turnover.

Planning and Development projects include the transition of eight senior nutrition sites into multipurpose senior centers, expansion of a two county senior transit system, development of ServiceLink Resource Center of Merrimack County, created the resident service program and resource center at Horseshoe Pond Place, an independent senior housing facility, raised funding for a volunteer transportation program, established 6 Advisory Councils to support the above programs, obtained local dollars to supplement these initiatives.

Agency representative to home and community based long term care steering committees and advisory boards. Carried our significant work with the NH Legislature to increase funding levels for elder services over a 20 year period.

As President of NH Coalition of Aging Services initiated strategic planning which led to the broadening of our mission, development of a system to track statewide service data and an annual meeting that highlights the Older American Act with guests from Washington DC.

SENIOR COMPANION / SENIOR EMPLOYMENT, PROGRAM DIRECTOR

12/84 — 8/97

Community Action Program Belknap-Merrimack Counties, Inc.
PO Box 1016, Concord, NH 03302-1016

Annual submission of budget and grant applications to Federal and State funding sources Responsible for monitoring budget and completion of annual reports.

Raised on-going local support from \$12,000 to \$95,000 from United Way, County and State Government
Obtained foundation dollars for equipment, marketing and funding development activities.

Expanded Senior Companion Project from three to six county area. Special projects involved caregiver support, substance abuse and mental health initiatives Expanded Senior Employment Program to include vocational assessments and employment in private industry.

Supervised project staff who carried out coordination activities for 70 Senior Companies, 60 Senior Employment participants and agreements with 125 agencies.

Expanded statewide Advisory Council to strengthen program initiatives Active committees carried out marketing, fundraising and evaluation functions.

GERIATRIC CASE MANAGER 7/82 — 3/84

Region IV Area Agency
44 Warren Street, Concord, NH 03301

Case Manager for geriatric clients within the developmental service system in Merrimack County. Responsible for completion of individual assessments and obtaining supportive services. Ongoing advocacy and monitoring of activities. Assisted housing department with developing residential options as individuals were moved from institutions to the community.

SUPPORT SERVICES DIRECTOR 6/80 — 7/82

Twin Rivers Counseling Center
Franklin, NH 03235

Coordinator for pilot projects in New Hampshire which provided training and support services for developmentally disabled adults. Implemented program to increase independence in the home, community and work setting.

PROGRAM DIRECTOR 3/76 — 4/79

Lamoille County Mental Health
Morrisville VT

Developed and managed the service delivery for developmentally disabled persons over a four year period within the Community Mental Health clinic in Vermont. Services included case management, day treatment, school consultation, family support and paralegal services to assure client rights.

CURRENT PROFESSIONAL ASSOCIATIONS

New Hampshire Association of Aging Services
Vice-Chair Mid-State Regional Coordinating Council
CONFR, Continuing Education in Fund Raising
New Hampshire Transit Association
Advisory Council for the New Hampshire Aging and Disability Resource Centers
National Associations of Nutrition and Aging Service Providers
National Council on the Aging
Meals-on-Wheels Association of America

EDUCATION AND TRAINING

M.Ed Counseling Psychology
University of New Hampshire, Durham, NH 1997

Post-Graduate Study
Grant Writing, Johnson State College
School of Social Work, University of Connecticut
Social Gerontology & Women's Issues

BA Degree, Psychology
Johnson State College, Johnson, VT 1975

Joel B. Green

OBJECTIVE: To utilize my extensive and diverse skills, experience, and leadership ability, in a challenging organization where vision and creative problem solving is a must.

SKILLS: Excellent communication skills, analytical ability to solve complex problems and create solutions, with the ability to help people focus in a learning and educational environment.

EDUCATION: Master of Education, Counseling Psychology Antioch University
Bachelor of Science, Social Welfare Salem State University

WORK EXPERIENCE:

Merrimack County ServiceLink Center Manager

September 2013- Present

Responsible for day to day services which provide I & R, Medicare Counseling, Long Term Care Counseling, Family Caregiver Support, Veterans Services and Medicaid Referral and Assessment, serving people who are 60 or older and individuals who live with a disability between the ages of 18-59

Community Services Council of New Hampshire

President and CEO September 8, 2009-September 2013

Day to Day responsibilities for the entire operation of the organization including, financial, personnel, program management and development, public awareness strategic planning and all other functions typical of a CEO

Vice President of Operations

June 2006- September 2009

Responsible for managing the NH Help line a statewide Information and Referral service that cuts across all social service delivery systems, developing new programs and business, staff training and development, public awareness, grant development and fundraising. Member of Senior Management Team. Director of all services for those who live with developmental and intellectual challenges which included 3 residential homes, 2 day programs and 13 Enhanced Family Care providers.

EMARC, Reading MA January 2003- March 2006

Director of Day Services

Responsible for the day-to-day operation of day services for those living with developmental disabilities. Management and supervision of 23 staff serving approximately 90 individuals in an employment supports program, day program, school to work involving five local high schools, the Center for Emerging Artists and transportation. Activities included program design and Re-design, planning and development, supervision, leadership and clinical consultation. Served as a member of the senior management team and attended and participated in all Board of Director meetings.

Mount Wachusett Community College, Gardner, MA September 1982- Spring 2006

Instructor

Taught -Introduction to Human Services- Introduction to Psychology
Techniques, Sociology, Social Problems, Death and Dying, Abnormal Psychology and Marriage and the Family

Governor's Office of Energy and Community Services State of New Hampshire

Director of Community Services July 2001- January 2003

Responsible for the overall delivery of the statewide Federally funded Weatherization Program, Fuel Assistance Program and the Refugee Resettlement Program. Supervision of six staff, overview of contracting with six CAA and the monitoring of service delivery. Member of the senior management team. Program design and analysis.

Center for Living Democracy, Brattleboro Vermont

Chief Operating Officer December 1998- December 2000

Responsible for the day-to-day management of the entire Center's programs which included The American News Service a weekly Internet publication. Responsible for financial management which included budget development, accounting, monitoring and implementation of a one million dollar a year budget.

Crotched Mountain Residential Services, Derry NH

Executive Director April 1996- December 1998

Functioned as the CEO for this affiliate of Crotched Mountain Foundation. Responsibility for the day-to-day operations of all programs, supports and services for adults who live with mental retardation and mental illness, as well as other disabilities. Was also responsible for the development and management of a 1.7 million dollar budget, human resources, strategic planning, new program development, quality assurance and other related duties typical of a CEO.

The Institute for Professional Practice, Westminster, MA

Project Director August 1989- April 1996

Responsible for the operation of supported employment services for more than fifty adults labeled mentally retarded and living with behavior challenges. Supervised employment specialists, job developers, and the marketing director. Hired and conducted performance evaluations for all staff, provided training, leadership, and supervision. Additionally served as the human rights director for the entire agency, providing training for all residential and day staff. Helped develop and grow the human rights committee by serving as the chief contact for the committee.

DMH- North Central Area Office, Fitchburg, MA

Case manager III May 1988- August 1989

Functioned as the liaison to Worcester State Hospital. Advocated for the successful return to the community of people labeled mentally ill. Worked with individuals diagnosed as having chronic mental illness, as well as substance abuse and other addictions.

Monadnock Worksource, Peterborough, NH

Executive Director December 1986- May 1988

Responsible for the operation of all aspects of this human service with an annual budget of 1.6 million dollars. Served 65 adults labeled mentally retarded in both day and home domains. Supervised staff of 75 and performed budget development and implementation activities, as well as, strategic planning and new program development. Answered directly to the board of directors providing monthly reports on fiscal status and programmatic, personnel and other related issues.

DMR- North Central Area Office, Fitchburg, MA

Client Services Coordinator Supervisor July 1982- December 1986

Duties included regular weekly supervision of 11 client service coordinators with a combined caseload of over 500 individuals labeled mentally retarded. Administrative responsibility for all client databases concerning service needs, budget related planning and program development, chapter 688 planning and other projects.

Program Specialist: October 1981-July 1982

Responsible for overseeing the successful implementation of 1.5million dollars in vendor contracts. Program design, proposal writing and evaluation of vendor responses to proposals, contract negotiation and budget planning.

Walter E. Fernald State School, Waltham, MA

Senior Social Worker September 1979- October 1981

Community placement, family and individual therapy and case management services for 45 adults labeled mentally retarded.

First Realty Corporation, Brockton, MA

Director of Social Services and Recreation June 1978- September 1979

Worked to coordinate and deliver services for teenagers in need of meaningful and constructive activity. Also ran recreational activities for tenants in the two public housing projects under my charge. Also provided referral services for a variety of needs.

Other Related Activities:

- ▶ Trained in Situational Leadership 1983 and 1987 by Blanchard and Associates
- ▶ Chairperson Region II Training Council DMR 1993-1996
- ▶ Board of Directors Mount Wachusett Community College Human Services Certificate Program
- ▶ Presented paper at National Supported Employment conference in Baltimore, July 1993. Published the same paper "Where are the Incentives?" in the September 1993 issue of InFo-Lines a nationally recognized publication.
- ▶ Presented a workshop on placing individuals with challenging behaviors in community jobs Children's Hospital's Community Inclusion Program.
- ▶ Published Article: "Best Practices of Supported Employment" Spring 1997
- ▶ Trained by Tom Peters -Eight Hour Seminar in today's business organizations Spring 1997
- ▶ Board Member of Peterborough Folk Music Society
- ▶ Board Member of Monadnock Summer Lyceum Series
- ▶ Board of Directors- CPC- Peterborough, NH 2006-Present, Facilitator of Four Community Health Forums
- ▶ On Media literacy, Rachel's Challenge, Self- Destructive Behaviors in Adolescence and Abuse of Prescription Drugs Ella Baker Fellowship- 2004-2005
- ▶ Antioch New England Graduate School and Chicago Historical Society
- ▶ Advisory Board to Middlesex Community College Human Services Program 2004
- ▶ Conducted Numerous workshops and trainings on Poverty, Media Literacy, Organizational Development etc.
- ▶ On Faculty Teaching Human Growth and Development for Granite State College in New Hampshire 2001-Present
- ▶ Taught Introduction to Psychology, Fitchburg State College Summer 2001
- ▶ Taught Human Resource Development in the Workplace 2002- 2004 -Antioch New England Graduate School
- ▶ Part-time Faculty NHCTI- Manchester Spring 2005- to 2010- Taught Introduction to Sociology and Introduction To Psychology and Human Growth
- ▶ Article "Creating a New Community" Stepping Stones August 2011
- ▶ Article "Finding Joy" Stepping Stones Summer 2012
- ▶ Con Val School Board elected March 2012-Present

Wayne R. Blanchard
~Resume~

Work Objective: To continue to serve the community doing counseling, networking and advocacy for clients with various needs.

Education

2005- **M.S. in Human Services**, Springfield College, Manchester, NH.
Concentration is Community Counseling Psychology. Completed volunteer community outreach work in the Meredith area. Graduate project focused on community outreach and intervention. Training in Assessment Counseling, Dual Diagnosis, and Learning Disabilities. Graduate classes included: Intro. To Rehabilitation Processes; Testing & Assessment; Medical and Psychological Aspects of Disability; Vocational and Career Assessment; Counseling Techniques, Research, Rehabilitation Case Management; Organizational Change, Multicultural Change, Leadership.

B.S. in Human Resource/ Industry Psychology, Lipscomb University,
Nashville, Tennessee.

Work Experience

2007-Present **Long Term Support Counselor,**

Servicelink of Merrimack County, Concord, NH

Responsibilities include: Maintaining all county NH Medicaid medical eligibilities into State of NH database for medical assessment. Coordinate appointments, assess and counsel families and individuals seeking long term care planning options. Medicare counseling and drug programs assistance; information and referral to community agencies to an array of individuals with various needs; supervision of new staff in training, outreach to area senior centers and community agencies. Advocate for clients seeking assistance in the Medicaid process. Networking with community resource partners.

2005-07 **Clinical Case Manager,**

Genesis Behavioral Health Laconia, NH
& Riverbend CMHC, Concord, NH

Responsibilities include: Assessment, case management and planning with individuals who have mental illnesses; crisis counseling, refer to community resources, implement daily living needs and general assistance; petition admissions and conditional discharges to New Hampshire Hospital; advocate daily documentation as needed for agency guidelines; act as a liaison to bridge clients to community agencies and provide general outreach and assistance as needed for clients; process eligibilities and quarterly reviews; work with clinical treatment team on clients needs. Accessed community resources and referral for clients in need of general assistance. Assist clients in Medicare Drug Program.

2005-06 **Faculty Adjunct,**

New Hampshire Community Technical College, Laconia, NH

Responsibilities include: General instruction in classroom setting for students in the Human Services Program at the college. Manage attendance and assignments, grading and implementation of syllabus guidelines. Encourage group and individual participation in a cooperative classroom setting. Support and advise students as needed as it pertains to assignments and required work to be completed. Guest speaker in other classes as requested in assessment. Classes taught: Intro. To Practicum, Assessment and Planning.

1999-2003 **Vocational Rehabilitation Counselor,**

State of NH Dept. of Education, Vocational Rehabilitation, Concord, NH

Responsibilities included: Maintained large caseload of clients in the Lakes Region area; intake and assessment of clients with a wide variety of disabilities; individual career counseling and advising; determined vocational and training needs; gathered diagnostic and medical records to determine eligibility; networking with workman's comp organizations and community agencies; formulated with client vocational goal and objectives to reach goals; on-going supports through follow-up and advocacy; referred clients to other community agencies for other needed supports and information as needed; computer skills included daily progress notes; Microsoft Word and Excel, Choices career planning software; Citrix case management system via Microsoft Access; quarterly budgeting; presented/speaker at community organizations about VR program.

1989-1999 **Case Manager Specialist/Vocational Manager,**

Genesis Behavioral Health, Laconia, NH

Responsibilities included: Maintained caseload of clients who were mentally challenged; assist with daily client needs, addressed symptom management; individual psychological interventions; provided individual natural supports in the community; maintained monthly documentation of caseload; interfaced between agency/community; maintained client caseload in vocation program; assessed and documented vocational needs; job coaching and supervision; vocational counseling and career exploration; helped facilitate job support group; assisted with interview skills and resume development; community integration and development; community networking for added supports.

Personal Resume
Of
Anita A. Oelfke

WORK EXPERIENCE:

SERVICELINK RESOURCE CENTER OF MERRIMACK CO.

Medicare Services Coordinator/Counselor (1/2007 – Present)

Skills used: Effectively communicate information and render assistance to people with Medicare and their advocates in both public presentations and one-on-one counseling situations while maintaining client confidentiality. Using telephone and email to communicate with those clients. Maintaining records of volunteers and assisting them to complete similar counseling activities or public presentations. I also develop and maintain partnership contacts with agencies and people who also work with elderly and disabled citizens. I'm using computerized databases and software programs to obtain information necessary to help clients and to create fact sheets and flyers in an effort to inform those with Medicare of new events and process changes. Immediate Supervisor – ServiceLink Program Director; Joel Green.

BEAS/SERVICELINK/SHIP

SHIP/SMP Medicare Trainer (2/2007 – Present)

Skills used: Ability to create and present material in a way that instructs volunteers in counseling people with Medicare about their benefits using MS Office programs; Excel, Word, PowerPoint. Continuing development of training program and procedures for use in all state ServiceLink Resource Centers, SHIP Counseling Services. Creation of fact sheets and data tables to be used statewide as handouts and information sources for volunteers counselors and beneficiaries. Maintaining communication networks with Federal and state agencies necessary to obtaining accurate information.

COMMUNITY SERVICES COUNCIL OF NH

Sr. Medicare Services Counselor with HICEAS (7/2004-1/2007)

Skills used: Ability to create and update flyers, brochures, questionnaires and information sheets as outreach material, organizing and presenting information at a public assembly (for clients and for network partners), Effectively communicate information through written training documents, summarizing information for distribution to volunteers, coordinating and training volunteers, making decisions in the absence of a supervisor, communicating with volunteers and clients, conducting face-to-face counseling interviews with clients, reviewing documents for submission to state agencies, assisting clients with completion of applications, keeping confidential records, networking (using e-mail and telephone skills) with partner agencies to distribute new information, using Microsoft Word, Excel and PowerPoint with a firm understanding of the internet, and continuing to use all skills as when an intern. Immediate Supervisor –Program Director and Agency Director; Bob Carter and Dalia Vidunas.

JCPENNEY CO. (9/1998-5/2004 and 5/1992-2/1995)

Basic Logic Assistant

Skills used: Ability to analyze reports and computer system information to help control inventory flow, effective communication with team members both as a supervisor and as one supervised, implementation of merchandise plans per company direction, communication with suppliers and company buyers as needed, training others to work in my team and do the same job, and working with customers as a **Certified Bra Fitter** and customer service associate, placing special orders when necessary to fill the customer's need.
Immediate Supervisors – Store Managers; James Ruck and David Houser.

JCPENNEY CO. (2/1995-9/1998)

Personnel Supervisor/Office Manager

Skills used: date entry for payroll, calculating commissions, administering benefits program, investigating associate concerns, interviewing and hiring and conducting new hire orientation and required paperwork, coordinating associate award programs, customer service programs, and special events. As office manager I supervised three to four associates in completing those tasks necessary to productivity and ordered supplies for the store as needed. Moved back to my old job as a BLA due to outsourcing of all personnel functions and concurrent office staff reduction. Immediate Supervisor – Store Manager, James Ruck(1995-1997) then Dana Rezabek(1997-1998).

JCPENNEY CO. (6/1991-5/1992)

Part Time Cash Room/Office Clerk

Skills used: accurately count daily cash receipts, report receipts to bank and audit personnel, and was assigned other duties in the office as needed. Immediate Supervisor – Susan Tobin.

BOSCAWEN ELEMENTARY SCHOOL (10/1987-5/1992)

School Secretary/Teacher's Aide

Skills used: Accurate keeping of student records, communications with parents and staff over the phone, in a memo or letter and in person, typing, using various office machines as needed, assisting teachers with preparation of classroom materials, assisting in library duties, assisting the school nurse with medications and 'sick child' communications. Immediate Supervisor – Martin Feuerstein (until retirement) and Jane Lacasse.

THESE ARE ALL JOBS HELD SINCE MOVING TO NEW HAMPSHIRE AUGUST 1987 – OTHER PLACES AND TYPES OF EMPLOYMENT WERE HELD IN KENTUCKY BEFORE 1987. THEY INCLUDE SUPERVISORY POSITIONS, LONG DISTANCE OPERATOR WITH SOUTH CENTRAL BELL, EMPLOYMENT COUNSELOR, AN ADMINISTRATIVE ASSISTANT POSITION, AS WELL AS SEVERAL RETAIL SALES JOBS DURING MY EARLY WORK YEARS.

EDUCATION:

SOUTHERN NEW HAMPSHIRE UNIVERSITY – Manchester (2001-2004)

BA in Psychology. Studies included Research Psychology, Social Psychology, Psychology of Personality, Educational Psychology and Counseling Methods and Techniques. I graduated with a 3.89 of a possible 4.0 and was on the President's list twice while there.

NEW HAMPSHIRE TECHNICAL INSTITUTE-Concord (1998-2004)

Certificate in Community Social Services. Also completed some core requirements missed in associate degree in preparation for returning to get B.A. Other courses taken at Franklin Pierce, Concord, NH and New Hampshire College, Manchester, NH. GPA still stands at 3.9 of possible 4.0. Honors and Awards: Have been invited to join both National Honor Society and Phi Theta Kappa. Was on the Dean's List every semester.

UNIVERSITY OF KENTUCKY-Hopkinsville, KY(1980-1982)

Hopkinsville Community College

AA in Business Administration. Coursework included Personnel Supervision, Introduction to Computers, Business Communications, Business Law, Accounting, and Writing for Business and Industry. GPA-3.96 of a possible 4.0. Honors and Awards: Phi Theta Kappa, Dean's List, Scholarship, and was included in Who's Who of American Junior Colleges.

CHRISTIAN COUNTY HIGH SCHOOL-Hopkinsville, KY (1969-1973)

Honors and Awards: National Honor Society, and Beta Club. Attended experimental, academically advanced, campus high school during sophomore year in Louisville, KY. (1970)

REFERENCES: Available upon request

Lydia Bailey

OBJECTIVE:	To obtain a position in a school setting that will utilize my experience and education.	
PROFILE:	• Graduated from Southern University of NH with a bachelor in Finance and Economics. • Worked in social service field for 9 + years	
EDUCATION	<u>Southern University of New Hampshire</u> BA in Economics and Finance	1997-2001
EMPLOYMENT:	<u>ServiceLink</u> Long Term Care Counselor February 2011 to present Worked in a team to ensure that the elderly and disable are linked with appreciate services in order to live a more independent life. Provide consumers with information and assistance regarding housing, home care, and community resources. Informed consumers and their families on Medicare and Medicaid. Assisted with the application process on Medicaid CFI.	
	<u>Seniors Count</u> Community Liaison September 2011 to present Develop a relationship with the elderly and fragile population to ensure that they are connected to community resources. To ensure that these individuals are not falling through the system and to develop a care plan with people centered model.	
	<u>Fellowship Housing</u> Integration Specialist 2009 to present A group home for adults with mental illness. I support residents in their daily activities which included teaching life skills and medication management. I assist residents in crisis and implement crisis management procedures.	
	<u>Hillsboro Elementary</u> Substitute teacher Administering classroom lessons to students in grades K-5, following lesson plans and school policies and procedures and interacting with students and school staff.	
	<u>The Caleb Group</u> Residential Service Coordinator 2008 - 2010 I link seniors with the appropriate social services needed. Coordinating on site programs that promote the health and wellness of senior living. I bring services and programs on site that will enhance positive community building. Workings with individuals to problem solve everyday life issues while encouraging self empowerment.	
	<u>Merrimack County Visitation Center</u> Supervise visits between non custodial parents and their children. Work effectively with families to provide a safe environment to which the children are able to visit with the parent. Always work as a team and support when needed.	2008 - 2010
	<u>Odyssey Family Center, Canterbury, NH</u> Respite Care Provider –On call 2001-2009 Support residents in their daily activities. Help residents in crisis and implement crisis management procedures.	
	<u>Easter Seals Manchester, NH</u> Teacher Assistant 8/2001-11/ 01 Assisted in all aspects of classroom activities and scheduling. Worked with adolescents with physical and emotional challenges.	
	<u>Alzheimer's Association, Concord, NH</u> Administrative Assistant 1999 - 2000 Maintained and created multi-database to organize and track volunteers, committees and care givers.	

Subject: New Hampshire ServiceLink Resource Centers Program**AGREEMENT**

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Easter Seals New Hampshire, Inc.		1.4 Contractor Address 55 Auburn Street Manchester, NH 03103-4800	
1.5 Contractor Phone Number (603) 623-8863	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$655,047.
1.9 Contracting Officer for State Agency Mary Maggioncalda		1.10 State Agency Telephone Number 271-9096	
1.11 Contractor Signature Elin Treanor		1.12 Name and Title of Contractor Signatory Elin Treanor, CFD	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Hillsborough</u> On <u>12/3/13</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] Wendy M. Boelee			
1.13.2 Name and Title of Notary or Justice of the Peace WENDY M. BOELEE, Notary Public My Commission Expires: Oct. 21, 2014			
1.14 State Agency Signature Sh L Rock		1.15 Name and Title of State Agency Signatory Sheri L. Rockburn Acting Associate Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: Rosemary H. H. On: 12-4-13 PW			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

7. PERSONNEL.

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

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8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

14. INSURANCE.

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

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Hillsborough County (excluding the cities and towns of Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor).



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs

4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and

4.1.1.3. A feedback loop to modify activities as needed.

4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.

4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.

4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.

4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:

4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and

4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



Exhibit A

- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
 - 4.3.1. Intake and Screening
 - 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
 - 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
 - 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
 - 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
 - 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
 - 4.3.3. Tracking Eligibility Status
 - 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

- Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
- The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
- Contractor shall involve consumers on a local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



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- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs.

Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
- 4.6.2. Family caregivers of frail older adults;
- 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
- 4.6.4. Older caregivers of individuals with disabilities; and
- 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



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Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



Exhibit A

- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phones numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



Exhibit A

- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
 - 6.5.3. The Department's current hardware standards are as follows:
 - Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.

6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:

1. Number of individuals served
2. Number of repeat visits by individuals
3. Type of information/referral given to individuals
4. Type of follow up performed
5. Frequency of follow ups
6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
7. The number of individuals diverted from nursing home/institutional settings;
8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



Exhibit A

7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source.
There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



Exhibit A

Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



Exhibit A

Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determine future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.

8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

8.1.3. Develop a Staffing Contingency Plan, including but not limited to:

8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;

8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;

8.1.3.3. Discussion of time frames necessary for obtaining replacements;

8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and

8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.

8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.

8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.

8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
- Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
- The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

Assess the ethnic/cultural needs, resources and assets of their community.

Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.

When feasible and appropriate, provide clients of minimal English skills with interpretation services.

Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
Financial Manager
Bureau of Elderly and Adult Services
Department of Health and Human Services

Contractor Initials: *ET*

Date: *12/31/2013*



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

Contractor Initials: ET

Date: 12/3/2013

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

Bidder/Program Name: Easter Seals New Hampshire, Inc / Hillsborough County - excl Western Region

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Direct Indirect	Total Program Cost Indirect	Total Indirect	Estimated Hours / Month Indirect	Estimated Indirect	Estimated Indirect	Estimated Indirect
1. Total Salary/Wages	\$ 57,356.64	\$ 5,735.66	\$ 63,092.30	\$ -	\$ -	\$ -	\$ 63,092.30
2. Employee Benefits	\$ 15,528.94	\$ 1,552.89	\$ 17,081.83	\$ -	\$ -	\$ -	\$ 17,081.83
3. Consultants	\$ 353.42	\$ 35.34	\$ 388.76	\$ -	\$ -	\$ -	\$ 388.76
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ 796.35	\$ 79.64	\$ 875.99	\$ -	\$ -	\$ -	\$ 875.99
8. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ 964.97	\$ 96.50	\$ 1,061.47	\$ -	\$ -	\$ -	\$ 1,061.47
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 362.86	\$ 36.28	\$ 399.15	\$ -	\$ -	\$ -	\$ 399.15
14. Travel	\$ 609.97	\$ 61.00	\$ 670.97	\$ -	\$ -	\$ -	\$ 670.97
15. Occupancy	\$ 4,262.66	\$ 426.27	\$ 4,688.93	\$ -	\$ -	\$ -	\$ 4,688.93
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 398.68	\$ 39.87	\$ 438.55	\$ -	\$ -	\$ -	\$ 438.55
18. Postage	\$ 723.73	\$ 72.37	\$ 796.10	\$ -	\$ -	\$ -	\$ 796.10
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ 1,568.07	\$ 156.81	\$ 1,724.88	\$ -	\$ -	\$ -	\$ 1,724.88
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Printing	\$ 1,629.79	\$ 162.98	\$ 1,792.77	\$ -	\$ -	\$ -	\$ 1,792.77
29. Volunteer/Community Education/Recognition	\$ 298.27	\$ 29.83	\$ 328.10	\$ -	\$ -	\$ -	\$ 328.10
30. Office setup & moving	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 84,854.35	\$ 8,485.45	\$ 93,339.80	\$ -	\$ -	\$ -	\$ 93,339.80
Indirect As A Percent of Direct		10.0%					10.0%

Contractor Initials: *ES*
Date: *12/3/2013*

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

Bidder/Program Name: **Easter Seals New Hampshire, Inc / Hillsborough County - excl Western Region**

Budget Request for: **Options Counseling and Person Centered Transitions Support Program**
(Name of Program)

Budget Period: 1/1/14-6/30/14

	1/1/14	2/1/14	3/1/14	4/1/14	5/1/14	6/1/14	7/1/14	8/1/14	9/1/14	10/1/14	11/1/14	12/1/14	TOTAL	Indirect As A Percent of Direct
1. Total Salary/Wages	\$ 57,356.64	\$ 57,356.64	\$ 57,356.64	\$ 57,356.64	\$ 57,356.64	\$ 57,356.64	\$ 57,356.64	\$ 57,356.64	\$ 57,356.64	\$ 57,356.64	\$ 57,356.64	\$ 57,356.64	\$ 687,079.68	10.0%
2. Employee Benefits	\$ 15,528.94	\$ 15,528.94	\$ 15,528.94	\$ 15,528.94	\$ 15,528.94	\$ 15,528.94	\$ 15,528.94	\$ 15,528.94	\$ 15,528.94	\$ 15,528.94	\$ 15,528.94	\$ 15,528.94	\$ 186,347.28	10.0%
3. Consultants	\$ 353.42	\$ 353.42	\$ 353.42	\$ 353.42	\$ 353.42	\$ 353.42	\$ 353.42	\$ 353.42	\$ 353.42	\$ 353.42	\$ 353.42	\$ 353.42	\$ 4,241.04	10.0%
4. Equipment:														
Rental														
5. Supplies:														
Purchase/Depreciation	\$ 796.35	\$ 796.35	\$ 796.35	\$ 796.35	\$ 796.35	\$ 796.35	\$ 796.35	\$ 796.35	\$ 796.35	\$ 796.35	\$ 796.35	\$ 796.35	\$ 9,556.20	10.0%
Educational	\$ 964.97	\$ 964.97	\$ 964.97	\$ 964.97	\$ 964.97	\$ 964.97	\$ 964.97	\$ 964.97	\$ 964.97	\$ 964.97	\$ 964.97	\$ 964.97	\$ 11,579.64	10.0%
Lab														
Pharmacy														
Medical														
Office	\$ 392.86	\$ 392.86	\$ 392.86	\$ 392.86	\$ 392.86	\$ 392.86	\$ 392.86	\$ 392.86	\$ 392.86	\$ 392.86	\$ 392.86	\$ 392.86	\$ 4,714.32	10.0%
6. Travel	\$ 609.97	\$ 609.97	\$ 609.97	\$ 609.97	\$ 609.97	\$ 609.97	\$ 609.97	\$ 609.97	\$ 609.97	\$ 609.97	\$ 609.97	\$ 609.97	\$ 7,319.64	10.0%
7. Occupancy	\$ 4,282.66	\$ 4,282.66	\$ 4,282.66	\$ 4,282.66	\$ 4,282.66	\$ 4,282.66	\$ 4,282.66	\$ 4,282.66	\$ 4,282.66	\$ 4,282.66	\$ 4,282.66	\$ 4,282.66	\$ 51,391.92	10.0%
8. Current Expenses														
Telephone	\$ 398.63	\$ 398.63	\$ 398.63	\$ 398.63	\$ 398.63	\$ 398.63	\$ 398.63	\$ 398.63	\$ 398.63	\$ 398.63	\$ 398.63	\$ 398.63	\$ 4,783.56	10.0%
Postage	\$ 723.73	\$ 723.73	\$ 723.73	\$ 723.73	\$ 723.73	\$ 723.73	\$ 723.73	\$ 723.73	\$ 723.73	\$ 723.73	\$ 723.73	\$ 723.73	\$ 8,684.76	10.0%
Subscriptions														
Audit and Legal														
Insurance														
Board Expenses														
9. Software														
10. Marketing/Communications														
11. Staff Education and Training	\$ 1,568.07	\$ 1,568.07	\$ 1,568.07	\$ 1,568.07	\$ 1,568.07	\$ 1,568.07	\$ 1,568.07	\$ 1,568.07	\$ 1,568.07	\$ 1,568.07	\$ 1,568.07	\$ 1,568.07	\$ 18,816.84	10.0%
12. Subcontracts/Agreements														
13. Other (specific details mandatory):														
Printing	\$ 1,629.79	\$ 1,629.79	\$ 1,629.79	\$ 1,629.79	\$ 1,629.79	\$ 1,629.79	\$ 1,629.79	\$ 1,629.79	\$ 1,629.79	\$ 1,629.79	\$ 1,629.79	\$ 1,629.79	\$ 19,557.48	10.0%
Volunteer/Community Education/Recognition	\$ 298.27	\$ 298.27	\$ 298.27	\$ 298.27	\$ 298.27	\$ 298.27	\$ 298.27	\$ 298.27	\$ 298.27	\$ 298.27	\$ 298.27	\$ 298.27	\$ 3,579.24	10.0%
Office setup & moving														
TOTAL	\$ 84,854.35	\$ 84,854.35	\$ 84,854.35	\$ 84,854.35	\$ 84,854.35	\$ 84,854.35	\$ 84,854.35	\$ 84,854.35	\$ 84,854.35	\$ 84,854.35	\$ 84,854.35	\$ 84,854.35	\$ 1,018,252.05	10.0%

Indirect As A Percent of Direct

Contractor Initials: _____
Date: _____

Bladder/Program Name: Easter Seals New Hampshire, Inc / Hillsborough County - excl Western Region

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Value	Contribution Share / Match			Total						
	Amount	Percent	Amount		Amount	Percent	Amount	Amount	Percent	Amount				
1. Total Salary/Wages	\$ 15,639.12	\$	1,564.41	\$ 17,203.53	\$	2,125.00	\$ 213.00	\$	2,336.00	\$	13,514.12	\$	1,351.41	\$ 14,865.53
2. Employee Benefits	\$ 2,486.50	\$	248.45	\$ 2,736.95	\$	604.00	\$ 60.00	\$	664.00	\$	1,884.50	\$	188.45	\$ 2,072.95
3. Consultants	\$ 70.94	\$	7.09	\$ 78.03	\$	-	\$ -	\$	-	\$	70.94	\$	7.09	\$ 78.03
4. Equipment:	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
Rental	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
Repair and Maintenance	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
Purchase/Depreciation	\$ 162.07	\$	16.21	\$ 178.28	\$	-	\$ -	\$	-	\$	162.07	\$	16.21	\$ 178.28
5. Supplies:	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
Educational	\$ 193.67	\$	19.37	\$ 213.04	\$	-	\$ -	\$	-	\$	193.67	\$	19.37	\$ 213.04
Lab	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
Pharmacy	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
Medical	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
Office	\$ 72.82	\$	7.28	\$ 79.88	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
B. Travel	\$ 122.75	\$	12.28	\$ 135.03	\$	-	\$ -	\$	-	\$	122.75	\$	12.28	\$ 135.03
7. Occupancy	\$ 3,241.74	\$	85.77	\$ 3,327.51	\$	2,384.00	\$ -	\$	2,384.00	\$	85.77	\$	85.77	\$ 943.51
B. Current Expenses	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
Telephone	\$ 80.69	\$	8.07	\$ 88.76	\$	-	\$ -	\$	-	\$	80.69	\$	8.07	\$ 88.76
Postage	\$ 145.26	\$	14.53	\$ 159.79	\$	-	\$ -	\$	-	\$	145.26	\$	14.53	\$ 159.79
Subscriptions	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
Audit and Legal	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
Insurance	\$ 295.00	\$	-	\$ 295.00	\$	295.00	\$ -	\$	295.00	\$	-	\$	-	\$ -
Board Expenses	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
9. Software	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
10. Marketing/Communications	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
11. Staff Education and Training	\$ 314.71	\$	31.47	\$ 346.18	\$	-	\$ -	\$	-	\$	314.71	\$	31.47	\$ 346.18
12. Subcontracts/Agreements	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
13. Other (specific details mandatory):	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
Printing	\$ 327.31	\$	32.73	\$ 360.04	\$	-	\$ -	\$	-	\$	327.31	\$	32.73	\$ 360.04
Volunteer/Community Education/Recognition	\$ 60.02	\$	6.00	\$ 66.02	\$	-	\$ -	\$	-	\$	60.02	\$	6.00	\$ 66.02
Office setup & moving	\$ -	\$	-	\$ -	\$	-	\$ -	\$	-	\$	-	\$	-	\$ -
TOTAL	\$ 23,214.40	\$	2,053.64	\$ 25,268.04	\$	6,408.00	\$ 273.00	\$	6,681.00	\$	17,806.40	\$	1,780.64	\$ 19,587.04
Indirect As A Percent of Direct			8.8%				5.0%						10.0%	

Indirect As A Percent of Direct

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

Bidder/Program Name: **Easter Seals New Hampshire, Inc / Hillsborough County - excl Western Region**

Budget Request for: **State Health Insurance Assistance Program**
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 8,993.65	\$ 899.37	\$ 9,893.02	-	-	-	\$ 8,993.65	\$ 899.37	\$ 9,893.02
2. Employee Benefits	\$ 2,554.20	\$ 255.42	\$ 2,809.62	-	-	-	\$ 2,554.20	\$ 255.42	\$ 2,809.62
3. Consultants	\$ 62.16	\$ 6.22	\$ 68.38	-	-	-	\$ 62.16	\$ 6.22	\$ 68.38
4. Equipment	-	-	-	-	-	-	-	-	-
5. Rental	-	-	-	-	-	-	-	-	-
6. Repair and Maintenance	-	-	-	-	-	-	-	-	-
7. Purchase/Depreciation	\$ 134.98	\$ 13.50	\$ 148.48	-	-	-	\$ 134.98	\$ 13.50	\$ 148.48
8. Supplies	-	-	-	-	-	-	-	-	-
9. Educational	\$ 161.30	\$ 16.13	\$ 177.43	-	-	-	\$ 161.30	\$ 16.13	\$ 177.43
10. Lab	-	-	-	-	-	-	-	-	-
11. Pharmacy	-	-	-	-	-	-	-	-	-
12. Medical	-	-	-	-	-	-	-	-	-
13. Office	\$ 60.49	\$ 6.05	\$ 66.54	-	-	-	\$ 60.49	\$ 6.05	\$ 66.54
14. Travel	\$ 102.24	\$ 10.22	\$ 112.46	-	-	-	\$ 102.24	\$ 10.22	\$ 112.46
15. Occupancy	\$ 714.38	\$ 71.44	\$ 785.82	-	-	-	\$ 714.38	\$ 71.44	\$ 785.82
16. Current Expenses	-	-	-	-	-	-	-	-	-
17. Telephone	\$ 67.18	\$ 6.72	\$ 73.90	-	-	-	\$ 67.18	\$ 6.72	\$ 73.90
18. Postage	\$ 120.98	\$ 12.10	\$ 133.08	-	-	-	\$ 120.98	\$ 12.10	\$ 133.08
19. Subscriptions	-	-	-	-	-	-	-	-	-
20. Audit and Legal	-	-	-	-	-	-	-	-	-
21. Insurance	-	-	-	-	-	-	-	-	-
22. Board Expenses	-	-	-	-	-	-	-	-	-
23. Software	-	-	-	-	-	-	-	-	-
24. Marketing/Communications	-	-	-	-	-	-	-	-	-
25. Staff Education and Training	\$ 262.12	\$ 26.21	\$ 288.33	-	-	-	\$ 262.12	\$ 26.21	\$ 288.33
26. Subcontract/Agreements	-	-	-	-	-	-	-	-	-
27. Other (Specify details mandatory):	-	-	-	-	-	-	-	-	-
28. Printing	\$ 272.60	\$ 27.26	\$ 299.86	-	-	-	\$ 272.60	\$ 27.26	\$ 299.86
29. Volunteer/Community Education/Recognition	\$ 49.99	\$ 5.00	\$ 54.99	-	-	-	\$ 49.99	\$ 5.00	\$ 54.99
30. Office setup & moving	-	-	-	-	-	-	-	-	-
TOTAL	\$ 13,556.27	\$ 1,355.64	\$ 14,911.91	-	-	-	\$ 13,556.27	\$ 1,355.64	\$ 14,911.91
Indirect As A Percent of Direct		10.0%			#DIV/0!			10.0%	

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

Bidder/Program Name: Easter Seals New Hampshire, Inc / Hillsborough County - excl Western Region

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 974.59	\$ 974.59	\$ 1,949.18	\$ 487.30	\$ 487.30	\$ 974.60	\$ 487.30	\$ 487.30	\$ 974.60
2. Employee Benefits	\$ 276.80	\$ 276.80	\$ 553.60	\$ 138.40	\$ 138.40	\$ 276.80	\$ 138.40	\$ 138.40	\$ 276.80
3. Consultants	\$ 45.63	\$ 45.63	\$ 91.26	\$ -	\$ -	\$ 45.63	\$ -	\$ -	\$ 45.63
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ 76.84	\$ 76.84	\$ 153.68	\$ -	\$ -	\$ 76.84	\$ -	\$ -	\$ 76.84
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ 91.82	\$ 91.82	\$ 183.64	\$ -	\$ -	\$ 91.82	\$ -	\$ -	\$ 91.82
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 34.44	\$ 34.44	\$ 68.88	\$ -	\$ -	\$ 34.44	\$ -	\$ -	\$ 34.44
14. Travel	\$ 58.20	\$ 58.20	\$ 116.40	\$ -	\$ -	\$ 58.20	\$ -	\$ -	\$ 58.20
15. Occupancy	\$ 5,633.67	\$ 40.67	\$ 5,674.34	\$ 5,227.00	\$ -	\$ 5,227.00	\$ 406.67	\$ -	\$ 406.67
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 38.24	\$ 38.24	\$ 76.48	\$ -	\$ -	\$ 38.24	\$ -	\$ -	\$ 38.24
18. Postage	\$ 68.87	\$ 68.87	\$ 137.74	\$ -	\$ -	\$ 68.87	\$ -	\$ -	\$ 68.87
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ 642.00	\$ -	\$ 642.00	\$ -	\$ -	\$ 642.00	\$ -	\$ -	\$ 642.00
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ 149.21	\$ 14.92	\$ 164.13	\$ -	\$ -	\$ 149.21	\$ -	\$ -	\$ 149.21
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Printing	\$ 155.18	\$ 15.52	\$ 170.70	\$ -	\$ -	\$ 155.18	\$ -	\$ -	\$ 155.18
29. Volunteer/Community Education/Recognition	\$ 478.46	\$ 2.85	\$ 481.31	\$ 448.00	\$ -	\$ 448.00	\$ 28.46	\$ -	\$ 28.46
30. Office setup & moving	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 19,984.11	\$ 1,366.70	\$ 21,350.81	\$ 12,257.00	\$ 584.00	\$ 12,841.00	\$ 7,727.11	\$ 772.70	\$ 8,499.81
Indirect As A Percent of Direct	6.8%			4.8%			10.0%		

21
7/13/14

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

Bidder/Program Name: **Easter Seals New Hampshire, Inc / Hillsborough County - excl Western Region**

Budget Request for: **Information, Referral and Awareness**
(Name of Program)

Budget Period: **7/1/14 - 6/30/15**

	Information	Referral	Awareness	Other	Subtotal	Percent of Direct
1. Total Salary/Wages	\$ 112,155.47	\$ 123,371.02	\$ 11,215.55	\$ -	\$ 246,742.04	10.0%
2. Employee Benefits	\$ 30,385.06	\$ 33,423.57	\$ 3,038.51	\$ -	\$ 66,847.14	10.0%
3. Consultants	\$ 347.81	\$ 362.37	\$ 34.78	\$ -	\$ 744.96	10.0%
4. Equipment:						
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	
5. Supplies:	\$ 359.96	\$ 395.96	\$ 36.00	\$ -	\$ 791.92	10.0%
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	
Lab	\$ 593.20	\$ 652.52	\$ 59.32	\$ -	\$ 1,305.03	10.0%
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	
Office	\$ 571.27	\$ 628.40	\$ 57.13	\$ -	\$ 1,256.80	10.0%
6. Travel	\$ 1,030.40	\$ 1,133.44	\$ 103.04	\$ -	\$ 2,266.88	10.0%
7. Occupancy	\$ 8,541.82	\$ 9,386.00	\$ 854.18	\$ -	\$ 18,781.00	10.0%
8. Current Expenses						
Telephone	\$ 1,060.09	\$ 1,168.10	\$ 106.01	\$ -	\$ 2,334.20	10.0%
Postage	\$ 1,186.39	\$ 1,305.03	\$ 118.64	\$ -	\$ 2,609.46	10.0%
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 740.24	\$ 814.26	\$ 74.02	\$ -	\$ 1,628.52	10.0%
11. Staff Education and Training	\$ 877.93	\$ 965.72	\$ 87.79	\$ -	\$ 1,931.44	10.0%
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	
13. Other (specify details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	
Printing	\$ 1,122.28	\$ 1,234.51	\$ 112.23	\$ -	\$ 2,469.02	10.0%
Volunteer/Community Education/Recognition	\$ 301.46	\$ 331.81	\$ 30.15	\$ -	\$ 663.42	10.0%
TOTAL	\$ 189,275.18	\$ 215,200.51	\$ 19,927.33	\$ -	\$ 414,403.02	10.0%

Indirect As A Percent of Direct

27/3/2013

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Indirect As A Percent of Direct

Line Item		Direct Expenses		Indirect Expenses		Total		Community Health / Health Program		Funds Available by Source	
		Allocated	Unallocated	Allocated	Unallocated	Total	Period	Period	Federal	State	
1.	Total Salary/Wages	\$ 112,155.47	\$ 11,215.55	\$ -	\$ -	\$ 123,371.02	\$	-	\$ 112,155.47	\$ 11,215.55	\$ 123,371.02
2.	Employee Benefits	\$ 30,383.06	\$ 3,038.51	\$ -	\$ -	\$ 33,421.57	\$	-	\$ 30,383.06	\$ 3,038.51	\$ 33,421.57
3.	Consultants	\$ 347.61	\$ 34.76	\$ -	\$ -	\$ 382.37	\$	-	\$ 347.61	\$ 34.76	\$ 382.37
4.	Equipment:										
	Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -
	Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -
	Purchase/Depreciation	\$ 359.96	\$ 36.00	\$ -	\$ -	\$ 395.96	\$	-	\$ 359.96	\$ 36.00	\$ 395.96
5.	Supplies:										
	Educational	\$ 593.20	\$ 59.32	\$ -	\$ -	\$ 652.52	\$	-	\$ 593.20	\$ 59.32	\$ 652.52
	Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -
	Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -
	Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -
	Office	\$ 571.27	\$ 57.13	\$ -	\$ -	\$ 628.40	\$	-	\$ 571.27	\$ 57.13	\$ 628.40
6.	Travel	\$ 1,030.40	\$ 1,133.44	\$ -	\$ -	\$ 2,163.84	\$	-	\$ 1,030.40	\$ 1,133.44	\$ 2,163.84
7.	Occupancy	\$ 854.18	\$ 854.18	\$ -	\$ -	\$ 1,708.36	\$	-	\$ 854.18	\$ 854.18	\$ 1,708.36
8.	Current Expenses										
	Telephone	\$ 1,060.09	\$ 106.01	\$ -	\$ -	\$ 1,166.10	\$	-	\$ 1,060.09	\$ 106.01	\$ 1,166.10
	Postage	\$ 1,186.39	\$ 118.64	\$ -	\$ -	\$ 1,305.03	\$	-	\$ 1,186.39	\$ 118.64	\$ 1,305.03
	Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -
	Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -
	Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -
	Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -
9.	Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -
10.	Marketing/Communications	\$ 740.24	\$ 74.02	\$ -	\$ -	\$ 814.26	\$	-	\$ 740.24	\$ 74.02	\$ 814.26
11.	Staff Education and Training	\$ 877.93	\$ 87.79	\$ -	\$ -	\$ 965.72	\$	-	\$ 877.93	\$ 87.79	\$ 965.72
12.	Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$	-	\$ -	\$ -	\$ -
13.	Other (specific details mandatory):										
	Printing	\$ 1,122.28	\$ 112.23	\$ -	\$ -	\$ 1,234.51	\$	-	\$ 1,122.28	\$ 112.23	\$ 1,234.51
	Volunteer/Community Education/Recognition	\$ 301.46	\$ 30.14	\$ -	\$ -	\$ 331.60	\$	-	\$ 301.46	\$ 30.14	\$ 331.60
	TOTAL	\$ 159,273.18	\$ 15,927.32	\$ -	\$ -	\$ 175,200.50	\$	-	\$ 159,273.18	\$ 15,927.32	\$ 175,200.50
Indirect As A Percent of Direct			10.0%		#DIV/0!						

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

Bidder/Program Name: **Easter Seals New Hampshire, Inc / Hillsborough County - excl Western Region**

Budget Request for: **State Health Insurance Assistance Program**
(Name of Program)

Budget Period: **7/1/14 - 6/30/15**

Line Item	Total Program Cost			Contractor Share/Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 16,333.48	\$ 1,633.35	\$ 17,966.83	-	-	-	\$ 16,333.48	\$ 1,633.35	\$ 17,966.83
2. Employee Benefits	\$ 4,638.71	\$ 463.87	\$ 5,102.58	-	-	-	\$ 4,638.71	\$ 463.87	\$ 5,102.58
3. Consultants	\$ 53.65	\$ 5.37	\$ 59.02	-	-	-	\$ 53.65	\$ 5.37	\$ 59.02
4. Equipment:	-	-	-	-	-	-	-	-	-
Rental	-	-	-	-	-	-	-	-	-
Repair and Maintenance	-	-	-	-	-	-	-	-	-
Purchase/Depreciation	\$ 55.91	\$ 5.59	\$ 61.50	-	-	-	\$ 55.91	\$ 5.59	\$ 61.50
5. Supplies:	-	-	-	-	-	-	-	-	-
Educational	\$ 91.54	\$ 9.15	\$ 100.69	-	-	-	\$ 91.54	\$ 9.15	\$ 100.69
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-
Office	\$ 87.88	\$ 8.79	\$ 96.67	-	-	-	\$ 87.88	\$ 8.79	\$ 96.67
6. Travel	\$ 159.23	\$ 15.92	\$ 175.15	-	-	-	\$ 159.23	\$ 15.92	\$ 175.15
7. Occupancy	\$ 1,319.80	\$ 131.98	\$ 1,451.88	-	-	-	\$ 1,319.80	\$ 131.98	\$ 1,451.89
8. Current Expenses	-	-	-	-	-	-	-	-	-
Telephone	\$ 164.32	\$ 16.43	\$ 180.75	-	-	-	\$ 164.32	\$ 16.43	\$ 180.75
Postage	\$ 183.10	\$ 18.31	\$ 201.41	-	-	-	\$ 183.10	\$ 18.31	\$ 201.41
Subscriptions	-	-	-	-	-	-	-	-	-
Audit and Legal	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-
Board Expenses	-	-	-	-	-	-	-	-	-
9. Software	-	-	-	-	-	-	-	-	-
10. Marketing/Communications	\$ 146.47	\$ 14.65	\$ 161.12	-	-	-	\$ 146.47	\$ 14.65	\$ 161.12
11. Staff Education and Training	\$ 135.48	\$ 13.55	\$ 149.03	-	-	-	\$ 135.48	\$ 13.55	\$ 149.03
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (specify details mandatory):	-	-	-	-	-	-	-	-	-
Printing	\$ 173.42	\$ 17.34	\$ 190.76	-	-	-	\$ 173.42	\$ 17.34	\$ 190.76
Volunteer/Community Education/Recognition	\$ 46.59	\$ 4.66	\$ 51.25	-	-	-	\$ 46.59	\$ 4.66	\$ 51.25
TOTAL	\$ 23,599.68	\$ 2,359.97	\$ 25,948.65	-	-	-	\$ 23,599.68	\$ 2,359.97	\$ 25,948.65
Indirect As A Percent of Direct	10.0%			#DIV/0!			10.0%		

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

Bidder/Program Name: **Easter Seals New Hampshire, Inc / Hillsborough County - excl Western Region**

Budget Request for: **Senior Medicare Patrol Program**
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 15,981.40	\$ 1,598.44	\$ 17,579.84	\$ 9,437.00	\$ 944.00	\$ 10,381.00	\$ 6,544.40	\$ 654.44	\$ 7,198.84
2. Employee Benefits	\$ 4,538.61	\$ 453.86	\$ 4,992.47	\$ 2,680.00	\$ 268.00	\$ 2,948.00	\$ 1,858.61	\$ 185.86	\$ 2,044.47
3. Consultants	\$ 21.50	\$ 2.15	\$ 23.65	-	-	-	\$ 21.50	\$ 2.15	\$ 23.65
4. Equipment	-	-	-	-	-	-	-	-	-
5. Rental	-	-	-	-	-	-	-	-	-
6. Repair and Maintenance	-	-	-	-	-	-	-	-	-
7. Purchase/Depreciation	\$ 22.40	\$ 2.24	\$ 24.64	-	-	-	\$ 22.40	\$ 2.24	\$ 24.64
8. Supplies	-	-	-	-	-	-	-	-	-
9. Educational	\$ 36.69	\$ 3.67	\$ 40.36	-	-	-	\$ 36.69	\$ 3.67	\$ 40.36
10. Lab	-	-	-	-	-	-	-	-	-
11. Pharmacy	-	-	-	-	-	-	-	-	-
12. Medical	-	-	-	-	-	-	-	-	-
13. Office	\$ 35.21	\$ 3.52	\$ 38.73	-	-	-	\$ 35.21	\$ 3.52	\$ 38.73
14. Travel	\$ 63.81	\$ 6.38	\$ 70.19	-	-	-	\$ 63.81	\$ 6.38	\$ 70.19
15. Occupancy	\$ 3,142.84	\$ 52.88	\$ 3,195.72	\$ 2,614.00	-	\$ 2,614.00	\$ 528.84	\$ 52.88	\$ 581.72
16. Current Expenses	-	-	-	-	-	-	-	-	-
17. Telephone	\$ 65.83	\$ 6.58	\$ 72.41	-	-	-	\$ 65.83	\$ 6.58	\$ 72.41
18. Postage	\$ 73.36	\$ 7.34	\$ 80.70	-	-	-	\$ 73.36	\$ 7.34	\$ 80.70
19. Subscriptions	-	-	-	-	-	-	-	-	-
20. Audit and Legal	-	-	-	-	-	-	-	-	-
21. Insurance	\$ 642.00	-	\$ 642.00	\$ 642.00	-	\$ 642.00	-	-	-
22. Board Expenses	-	-	-	-	-	-	-	-	-
23. Software	-	-	-	-	-	-	-	-	-
24. Marketing/Communications	\$ 58.69	\$ 5.87	\$ 64.56	-	-	-	\$ 58.69	\$ 5.87	\$ 64.56
25. Staff Education and Training	\$ 54.29	\$ 5.43	\$ 59.72	-	-	-	\$ 54.29	\$ 5.43	\$ 59.72
26. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
27. Other (specific details mandatory):	-	-	-	-	-	-	-	-	-
28. Printing	\$ 69.50	\$ 6.95	\$ 76.45	-	-	-	\$ 69.50	\$ 6.95	\$ 76.45
29. Volunteer/Community Education/Recognition	\$ 2,240.66	\$ 1.87	\$ 2,242.53	\$ 2,222.00	-	\$ 2,222.00	\$ 18.66	\$ 1.87	\$ 20.53
TOTAL	\$ 27,046.79	\$ 2,157.18	\$ 29,203.97	\$ 17,595.00	\$ 1,212.00	\$ 18,807.00	\$ 9,451.79	\$ 945.18	\$ 10,396.97

Indirect As A Percent of Direct

8.0%

6.9%

10.0%

NH Department of Health and Human Services**STANDARD EXHIBIT C****SPECIAL PROVISIONS**

1. 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:

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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:

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 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:

9. 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:

9.1 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.

9.2 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.

9.3 Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor 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.

10.1 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.

10.2 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.

11. 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.

12. Reports: Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.

12.1 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.

12.2 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.

13. 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.

14. 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:

14.1 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.

15. 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.

16. 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.

17. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

SPECIAL PROVISIONS – 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.

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.

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services

STANDARD EXHIBIT D

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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) 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;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) 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);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) Abide by the terms of the statement; and
 - (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;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(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;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (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
 - (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;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) 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)

555 Auburn St Manchester, NH 03103

70 Temple St Nashua, NH 03060

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

From: effective date of contract To: 6/30/15
 (Contractor Name) (Period Covered by this Certification)

Elin Treanor, CFO
 (Name & Title of Authorized Contractor Representative)

Elin Treanor
 (Contractor Representative Signature)

12/3/2013
 (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT E

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

Contract Period:

effective date of contract
 through *6/30/15*

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.

[Signature]
 (Contractor Representative Signature)

Elin Treanor, CFO
 (Authorized Contractor Representative Name & Title)

Easter Seals N.H. Inc
 (Contractor Name)

12/31/13
 (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

**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

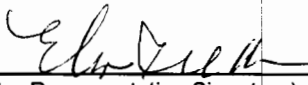
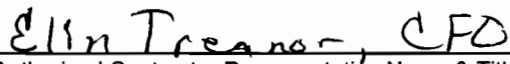
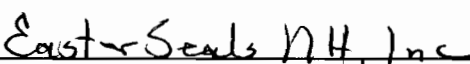
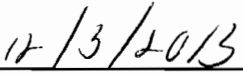
- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) 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;
 - (c) 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
 - (d) 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.
- (2) 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

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:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) 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).

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 Representative Signature)	 _____ (Authorized Contractor Representative Name & Title)
 _____ (Contractor Name)	 _____ (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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 make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.


(Contractor Representative Signature)

Elin Treanor, CEO
(Authorized Contractor Representative Name & Title)

Easter Seals NH, Inc
(Contractor Name)

12/3/2013
(Date)

NH Department of Health and Human Services

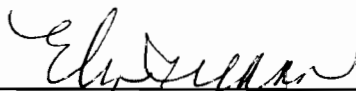
STANDARD EXHIBIT H

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 Representative Signature)

Elin Treanor, CEO
(Authorized Contractor Representative Name & Title)

Easter Seals NH, Inc
(Contractor Name)

12/31/2013
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 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 and those parts of the HITECH Act 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.

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- 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.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 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 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- 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, unreasonable, 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) 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, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do 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 HITECH Act, Subtitle D, Part 1, Sec. 13402 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 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. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec. 13404.
- c. 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.
- d. 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)b and (3)k herein. 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 pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. 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.
- f. 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.
- g. 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.

- h. 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.
- i. 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.
- j. 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.
- k. 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 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 standard provision #10 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, and the HITECH Act as 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 and the HITECH Act.
- 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 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Department of Health & Human Services
The State Agency Name

Easter Seals NH, Inc
Name of the Contractor

Sheri L. Rockburn

Signature of Authorized Representative

Elin Treanor

Signature of Authorized Representative

Sheri L. Rockburn

Name of Authorized Representative

Elin Treanor

Name of Authorized Representative

Acting Associate Commissioner

Title of Authorized Representative

CEO

Title of Authorized Representative

12/4/13

Date

12/3/2013

Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

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.

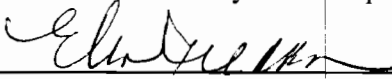
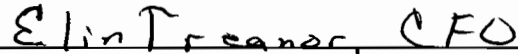
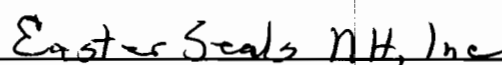
In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 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:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. 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 Representative Signature)	(Authorized Contractor Representative Name & Title)
	
(Contractor Name)	(Date)

Contractor initials: 
Date: 12/13/2013
Page # _____ of Page # _____

NH Department of Health and Human Services

STANDARD EXHIBIT J

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:

08-557-3467

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: ____

Name: ____

Amount: ____

Name: ____

Amount: ____

Name: ____

Amount: ____

Name: ____

Amount: ____

Contractor initials: ES

Date: 12/31/03

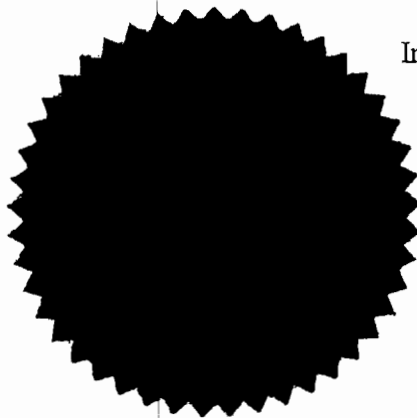
Page # ____ of Page # ____

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 Easter Seals New Hampshire, Inc. is a New Hampshire nonprofit corporation formed November 6, 1967. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 4th day of April A.D. 2013

A handwritten signature in black ink, reading "William M. Gardner".

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

(Corporation with Seal)

I, BETTY BURKE, ASSISTANT SECRETARY of the
(Corporation Representative Name) (Corporation Representative Title)

EASTER SEALS NH, INC., do hereby certify that:
(Corporation Name)

(1) I am the duly elected and acting ASSISTANT SECRETARY of the
(Corporation Representative Title)

EASTER SEALS NH, INC., a NEW HAMPSHIRE corporation (the
"Corporation");
(Corporation Name) (State of Incorporation)

(2) I maintain and have custody of and am familiar with the Seal and minute books of the Corporation;

(3) I am duly authorized to issue certificates;

(4) the following are true, accurate and complete copies of the resolutions adopted by the Board of Directors of the Corporation at a meeting of the said Board of Directors held on the

22ND day of MAY, 2013, which meeting was duly held in accordance with

NEW HAMPSHIRE law and the by-laws of the Corporation:
(State of Incorporation)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting by and through the Department of Health and Human Services, providing for the performance by the Corporation of certain health and human services, and that the President (any Vice President) (and the Treasurer) (or any of them acting singly) be and hereby (is) (are) authorized and directed for and on behalf of this Corporation to enter into the said contract with the State and to take any and all such actions and to execute, seal, acknowledge and deliver for and on behalf of this Corporation any and all documents, agreements and other instruments (and any amendments, revisions or modifications thereto) as (she) (he) (any of them) may deem necessary, desirable or appropriate to accomplish the same;

RESOLVED: That the signature of any officer of this Corporation affixed to any instrument or document described in or contemplated by these resolutions shall be conclusive evidence of the authority of said officer to bind this Corporation thereby;

The forgoing resolutions have not been revoked, annulled or amended in any manner whatsoever, and remain in full force and effect as of the date hereof; and the following person(s) (has) (have) been duly elected and now occupy the office(s) indicated below

LARRY J. GAMMON President Name

Vice President Name

ELIN TREANOR Treasurer Name

IN WITNESS WHEREOF, I have hereunto set my hand as the ASSISTANT SECRETARY
(Title)

of the Corporation and have affixed its corporate seal this 3rd day of DECEMBER, 2013.

Betty Burke
(Title) Assistant Secretary

(Seal)

STATE OF New Hampshire

COUNTY OF Hillsborough

On this the 3rd day of December 2013, before me, Wendy M. Boelee, the undersigned officer,
personally appeared Betty Burke, who acknowledge her/himself to be the

Assistant Secretary of Easter Seals NH, Inc, a corporation, and that
she/he, as
(Title) (Name of Corporation)

such Assistant Secretary being authorized to do so, executed the foregoing instrument for the
(Title)

purposes therein contained, by signing the name of the corporation by her/himself as

Assistant Secretary

IN WITNESS WHEREOF I hereunto set my hand and official seal.

Wendy M. Boelee
Notary Public/Justice of the Peace

WENDY M. BOELEE, Notary Public
My Commission Expires: Oct. 21, 2014

My Commission expires: 10/21/2014

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/30/2013

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 USI Insurance Services LLC PO Box 6360 Manchester, NH 03108-6360 603 625-1100	CONTACT NAME: PHONE (A/C, No, Ext): 603 625-1100 FAX (A/C, No): E-MAIL ADDRESS:																					
INSURED Easter Seals NH, Inc. Easter Seals NY, Inc. 555 Auburn Street Manchester, NH 03103	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A:</td><td>Philadelphia Insurance Company</td><td>23850</td></tr> <tr> <td>INSURER B:</td><td></td><td></td></tr> <tr> <td>INSURER C:</td><td></td><td></td></tr> <tr> <td>INSURER D:</td><td></td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Insurance Company	23850	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC		PHPK1068435	09/01/2013	09/01/2014	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 \$3,000,000 PRODUCTS - COMPI/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS		PHPK1068435	09/01/2013	09/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$10,000		PHUB432951	09/01/2013	09/01/2014	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

****Supplemental Names**:** Easter Seals NY, Inc., Easter Seals ME, Inc., STS, Inc., Agency Realty, Inc., Easter Seals Rhode Island, Inc., The Harbor Schools, Inc., Manchester Alcohol Rehabilitation Center, Inc., dba The Farnum Center, Easter Seals VT, Inc., Easter Seals CT, Inc., Webster Place Center, Inc., - The General Liability policy includes a blanket automatic Additional Insured endorsement that provides Additional Insured and a Blanket Waiver of Subrogation status to the Certificate holder, only when there is (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Division of Elderly & Adult Services Health & Human Services; State Office Park 129 Pleasant St., Brown Bldg Concord, NH 03301-3857	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 

Client#: 497072

EASTESEA7

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/26/2012

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 USI Insurance Svcs of NE, Inc. PO Box 6360 Manchester, NH 03108-6360 603 625-1100		CONTACT NAME: PHONE (A/C, No, Ext): 603 625-1100 FAX (A/C, No): E-MAIL: ADDRESS:																						
INSURED Easter Seals NH, Inc. Easter Seals NY, Inc. 555 Auburn Street Manchester, NH 03103		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Philadelphia Insurance Company</td> <td>23850</td> </tr> <tr> <td>INSURER B:</td> <td>Liberty Mutual Insurance Co.</td> <td>23043</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Insurance Company	23850	INSURER B:	Liberty Mutual Insurance Co.	23043	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC		PHPK914096	09/01/2012	09/01/2013	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 \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS		PHPK914096	09/01/2012	09/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$10,000		PHUB394930	09/01/2012	09/01/2013	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☒ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WC7611258839013	01/01/2013	01/01/2014	☒ WC STATUTORY LIMITS ☐ OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Blanket-EDP RC Value		PHPK914096	09/01/2012	09/01/2013	\$3,019,050-\$500 Ded. Special Form Incl Theft

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

Supplemental Names

Easter Seals NY, Inc., Easter Seals ME, Inc., STS, Inc., Agency Realty, Inc., Easter Seals Rhode Island, Inc., The Harbor Schools, Inc., Manchester Alcohol Rehabilitation Center, Inc., dba The Farnum Center, Easter Seals VT, Inc., Easter Seals CT, Inc., Webster Place Center, Inc., - The General Liability policy Includes a blanket automatic Additional Insured endorsement that provides Additional Insured and a Blanket (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Director, Division of Public Health Services, NH DHHS 29 Hazen Drive 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 <i>E. David Jones</i>

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**Easter Seals New Hampshire, Inc.
and Subsidiaries**

Consolidated Financial Statements and
Other Financial Information

*Years Ended August 31, 2012 and 2011
With Independent Auditors' Report*

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

**CONSOLIDATED FINANCIAL STATEMENTS AND
OTHER FINANCIAL INFORMATION**

For the Years Ended August 31, 2012 and 2011

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BAKER NEWMAN NOYES

INDEPENDENT AUDITORS' REPORT

The Board of Directors
Easter Seals New Hampshire, Inc. and Subsidiaries

We have audited the accompanying consolidated statements of financial position of Easter Seals New Hampshire, Inc. and Subsidiaries (Easter Seals NH) as of August 31, 2012 and 2011, and the related consolidated statements of activities and changes in net assets, functional expenses and cash flows for the years then ended. These consolidated financial statements are the responsibility of Easter Seals NH's management. 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 of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Easter Seals NH's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Easter Seals New Hampshire, Inc. and Subsidiaries as of August 31, 2012 and 2011, and the consolidated changes in their net assets and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated December 12, 2012 on our consideration of Easter Seals New Hampshire, Inc. and Subsidiaries' internal control over financial reporting and 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* and should be considered in assessing the results of our audit.

The Board of Directors
Easter Seals New Hampshire, Inc. and Subsidiaries

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information identified in the contents is presented for purposes of additional analysis, rather than to present the financial position and changes in net assets of the individual entities, 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 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 as a whole.

Manchester, New Hampshire
December 12, 2012

Baker Newman & Noyes
Limited Liability Company

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

August 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
<u>ASSETS</u>		
Current assets:		
Cash and cash equivalents	\$ 4,402,187	\$ 5,017,529
Accounts receivable from affiliates	441,980	223,162
Program and other accounts receivable, less contractual allowance of \$131,500 in 2012 and \$219,900 in 2011, and allowance for doubtful accounts of \$395,000 in 2012 and \$1,041,500 in 2011	9,321,570	10,226,883
Contributions receivable, less allowance for doubtful accounts of \$25,000 in 2012 and \$25,600 in 2011	491,729	319,711
Current portion of assets limited as to use	458,005	842,144
Prepaid expenses and other current assets	<u>1,304,173</u>	<u>1,074,366</u>
Total current assets	16,419,644	17,703,795
Assets limited as to use, net of current portion	5,017,773	5,799,466
Fixed assets, net	25,132,481	25,368,864
Property held for sale	910,171	505,256
Bond issuance costs, net	254,390	290,808
Investments, at fair value	13,005,757	11,811,775
Beneficial interest in trusts held by others and other assets	<u>6,620,011</u>	<u>5,252,717</u>
	<u>\$67,360,227</u>	<u>\$66,732,681</u>
<u>LIABILITIES AND NET ASSETS</u>		
Current liabilities:		
Lines of credit	\$ 1,982,604	\$ 648,463
Accounts payable	2,630,935	3,613,387
Accrued expenses	4,362,192	3,731,257
Accounts payable to affiliates	—	314,557
Rate reserves	435,008	1,091,579
Current portion of deferred revenue	1,757,283	1,374,854
Current portion of interest rate swap agreements	734,470	726,083
Current portion of long-term debt	<u>746,716</u>	<u>774,891</u>
Total current liabilities	12,649,208	12,275,071
Deferred revenue, net of current portion	3,778,487	3,867,560
Other liabilities	1,168,659	1,151,944
Interest rate swap agreements, less current portion	4,401,508	3,315,362
Long-term debt, less current portion	<u>22,923,934</u>	<u>24,530,741</u>
Total liabilities	44,921,796	45,140,678
Net assets:		
Unrestricted	11,937,759	11,503,651
Temporarily restricted	598,750	594,327
Permanently restricted	<u>9,901,922</u>	<u>9,494,025</u>
Total net assets	<u>22,438,431</u>	<u>21,592,003</u>
	<u>\$67,360,227</u>	<u>\$66,732,681</u>

See accompanying notes.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year Ended August 31, 2012

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Public support and revenue:				
Public support:				
Contributions	\$ 1,529,794	\$ 370,723	\$ 62,323	\$ 1,962,840
Special events, net of related direct costs of \$618,599	1,114,326	71,451	--	1,185,777
Annual campaigns, net of related direct costs of \$79,441	445,604	32,367	--	477,971
Bequests	127,761	--	--	127,761
Net assets released from restrictions	<u>482,671</u>	<u>(482,671)</u>	<u>--</u>	<u>--</u>
Total public support	3,700,156	(8,130)	62,323	3,754,349
Revenue:				
Fees and grants from governmental agencies	64,356,494	--	--	64,356,494
Other fees and grants	26,783,639	--	--	26,783,639
Sales to public	4,057,412	--	--	4,057,412
Dividend and interest income	680,465	3,635	--	684,100
Rental income	140,373	--	--	140,373
Other	<u>642,262</u>	<u>--</u>	<u>--</u>	<u>642,262</u>
Total revenue	<u>96,660,645</u>	<u>3,635</u>	<u>--</u>	<u>96,664,280</u>
Total public support and revenue	100,360,801	(4,495)	62,323	100,418,629
Operating expenses:				
Program services:				
Public health education	595,634	--	--	595,634
Professional education	22,251	--	--	22,251
Direct services	<u>88,415,347</u>	<u>--</u>	<u>--</u>	<u>88,415,347</u>
Total program services	89,033,232	--	--	89,033,232
Supporting services:				
Management and general	8,700,472	--	--	8,700,472
Fundraising	<u>1,882,355</u>	<u>--</u>	<u>--</u>	<u>1,882,355</u>
Total supporting services	<u>10,582,827</u>	<u>--</u>	<u>--</u>	<u>10,582,827</u>
Total functional expenses	99,616,059	--	--	99,616,059
Support of National programs	<u>134,887</u>	<u>--</u>	<u>--</u>	<u>134,887</u>
Total operating expenses	<u>99,750,946</u>	<u>--</u>	<u>--</u>	<u>99,750,946</u>
Increase (decrease) in net assets from operations	609,855	(4,495)	62,323	667,683

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS (CONTINUED)

Year Ended August 31, 2012

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Other nonoperating expenses, gains and losses:				
Change in fair value of interest rate swaps	\$ (1,262,396)	\$ —	\$ —	\$ (1,262,396)
Net unrealized and realized gains on investments	562,646	6,681	—	569,327
Increase in fair value of beneficial interest in trusts held by others	—	—	345,574	345,574
Gain on sales and disposals of property, plant and equipment	<u>4,442</u>	<u>—</u>	<u>—</u>	<u>4,442</u>
	<u>(695,308)</u>	<u>6,681</u>	<u>345,574</u>	<u>(343,053)</u>
(Decrease) increase in net assets before effects of discontinued operations	(85,453)	2,186	407,897	324,630
Gain from discontinued operations	<u>519,561</u>	<u>2,237</u>	<u>—</u>	<u>521,798</u>
Total increase in net assets	434,108	4,423	407,897	846,428
Net assets at beginning of year	<u>11,503,651</u>	<u>594,327</u>	<u>9,494,025</u>	<u>21,592,003</u>
Net assets at end of year	<u>\$ 11,937,759</u>	<u>\$ 598,750</u>	<u>\$ 9,901,922</u>	<u>\$ 22,438,431</u>

See accompanying notes.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year Ended August 31, 2011

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Public support and revenue:				
Public support:				
Contributions	\$ 963,732	\$ 455,661	\$ 22,145	\$ 1,441,538
Special events, net of related direct costs of \$481,329	1,105,477	81,197	—	1,186,674
Annual campaigns, net of related direct costs of \$69,773	477,678	52,524	—	530,202
Bequests	73,533	—	—	73,533
Net assets released from restrictions	<u>1,113,409</u>	<u>(1,113,409)</u>	<u>—</u>	<u>—</u>
Total public support	3,733,829	(524,027)	22,145	3,231,947
Revenue:				
Fees and grants from governmental agencies	56,865,518	—	—	56,865,518
Other fees and grants	29,698,053	—	—	29,698,053
Start-up programs	161,178	—	—	161,178
Sales to public	3,610,166	—	—	3,610,166
Dividend and interest income	620,764	2,157	—	622,921
Rental income	141,855	—	—	141,855
Other	<u>542,808</u>	<u>—</u>	<u>—</u>	<u>542,808</u>
Total revenue	<u>91,640,342</u>	<u>2,157</u>	<u>—</u>	<u>91,642,499</u>
Total public support and revenue	95,374,171	(521,870)	22,145	94,874,446
Operating expenses:				
Program services:				
Public health education	622,395	—	—	622,395
Professional education	22,136	—	—	22,136
Program start-up	595,904	—	—	595,904
Direct services	<u>82,245,658</u>	<u>—</u>	<u>—</u>	<u>82,245,658</u>
Total program services	83,486,093	—	—	83,486,093
Supporting services:				
Management and general	8,586,344	—	—	8,586,344
Fundraising	<u>1,853,986</u>	<u>—</u>	<u>—</u>	<u>1,853,986</u>
Total supporting services	<u>10,440,330</u>	<u>—</u>	<u>—</u>	<u>10,440,330</u>
Total functional expenses	93,926,423	—	—	93,926,423
Support of National programs	<u>123,151</u>	<u>—</u>	<u>—</u>	<u>123,151</u>
Total operating expenses	<u>94,049,574</u>	<u>—</u>	<u>—</u>	<u>94,049,574</u>
Increase (decrease) in net assets from operations	1,324,597	(521,870)	22,145	824,872

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS (CONTINUED)

Year Ended August 31, 2011

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Other nonoperating expenses, gains and losses:				
Change in fair value of interest rate swaps	\$ (693,108)	\$ —	\$ —	\$ (693,108)
Net unrealized and realized gains on investments	386,226	556,612	—	942,838
Increase in fair value of beneficial interest in trusts held by others	—	—	292,764	292,764
Gain on sales and disposals of property, plant and equipment	<u>200,277</u>	<u>—</u>	<u>—</u>	<u>200,277</u>
	<u>(106,605)</u>	<u>556,612</u>	<u>292,764</u>	<u>742,771</u>
Increase in net assets before effects of discontinued operations	1,217,992	34,742	314,909	1,567,643
Loss from discontinued operations	<u>(699,038)</u>	<u>1,795</u>	<u>—</u>	<u>(697,243)</u>
Total increase in net assets	518,954	36,537	314,909	870,400
Net assets at beginning of year	<u>10,984,697</u>	<u>557,790</u>	<u>9,179,116</u>	<u>20,721,603</u>
Net assets at end of year	<u>\$ 11,503,651</u>	<u>\$ 594,327</u>	<u>\$ 9,494,025</u>	<u>\$ 21,592,003</u>

See accompanying notes.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year Ended August 31, 2012

	Program Services ⁽¹⁾			Supporting Services ⁽¹⁾		Total Program ⁽¹⁾ and Supporting Services Expenses	
	Public Health Education	Profes- sional Education	Direct Services	Manage- ment and General	Fund- Raising	2012	2011
	Total	Total	Total	Total	Total		
Salaries and related expenses	\$410,255	\$ -	\$66,615,399	\$5,325,167	\$1,484,914	\$73,835,735	\$68,238,467
Professional fees	28,453	-	7,912,975	1,805,957	147,870	9,895,255	10,326,930
Supplies	19,338	-	2,644,802	75,986	28,736	2,768,862	2,664,523
Telephone	4,481	-	555,203	279,767	17,335	856,786	780,913
Postage and shipping	8,989	-	61,909	57,279	7,557	135,734	151,684
Occupancy	13,215	-	3,673,690	351,611	74,429	4,112,945	3,841,843
Outside printing, artwork and media	30,200	-	48,232	8,812	33,907	121,151	160,075
Travel	12,938	-	2,609,811	41,212	42,002	2,705,963	2,539,798
Conventions and meetings	43,700	22,251	240,350	57,522	31,564	395,387	544,211
Specific assistance to individuals	159	-	905,881	7,200	971	914,211	945,800
Dues and subscriptions	1,043	-	29,604	9,711	5,024	45,382	32,917
Minor equipment purchases and equipment rental	5,237	-	288,348	398,836	3,016	695,437	624,632
Ads, fees and miscellaneous	17,164	-	186,451	(147,690)	1,135	57,060	146,005
Interest	-	-	993,214	230,351	-	1,223,565	968,663
Bad debt provision	-	-	44,571	-	1,773	46,344	320,170
Depreciation and amortization	462	-	1,604,907	198,751	2,122	1,806,242	1,639,792
	<u>\$595,634</u>	<u>\$22,251</u>	<u>\$88,415,347</u>	<u>\$8,700,472</u>	<u>\$1,882,355</u>	<u>\$99,616,059</u>	<u>\$93,926,423</u>
	0.60%	0.02%	88.76%	8.73%	1.89%	100.00%	100.00%

⁽¹⁾ Excludes expenses related to discontinued operations – see note 13.

See accompanying notes.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year Ended August 31, 2011

	Program Services ⁽²⁾			Supporting Services ⁽²⁾			Total Program ⁽²⁾ and Supporting Services Expenses
	Public Health Education	Profes- sional Education	Direct Services ⁽¹⁾	Manage- ment and General	Fund- Raising	Total	
Salaries and related expenses	\$372,229	\$ -	\$61,537,327	\$4,931,782	\$1,397,129	\$ 6,328,911	\$68,238,467
Professional fees	74,182	-	8,096,596	2,036,263	119,889	2,156,152	10,326,930
Supplies	18,991	-	2,547,508	72,394	25,630	98,024	2,664,523
Telephone	4,534	-	525,740	234,923	15,716	250,639	780,913
Postage and shipping	9,392	-	66,348	58,662	17,282	75,944	151,684
Occupancy	13,863	-	3,406,398	332,807	88,775	421,582	3,841,843
Outside printing, artwork and media	33,078	-	71,082	12,126	43,789	55,915	160,075
Travel	16,463	-	2,425,088	46,914	51,333	98,247	2,539,798
Conventions and meetings	56,100	22,136	330,725	83,336	51,914	135,250	544,211
Specific assistance to individuals	-	-	939,437	6,363	-	6,363	945,800
Dues and subscriptions	203	-	20,309	8,290	4,115	12,405	32,917
Minor equipment purchases and equipment rental	3,055	-	371,333	243,127	7,117	250,244	624,632
Ads, fees and miscellaneous	17,765	-	115,084	11,537	1,619	13,156	146,005
Interest	-	-	770,298	198,365	-	198,365	968,663
Bad debt provision	2,100	-	289,968	-	28,102	28,102	320,170
Depreciation and amortization	440	-	1,328,321	309,455	1,576	311,031	1,639,792
	<u>\$622,395</u>	<u>\$22,136</u>	<u>\$82,841,562</u>	<u>\$8,586,344</u>	<u>\$1,853,986</u>	<u>\$10,440,330</u>	<u>\$93,926,423</u>
	0.66%	0.02%	88.20%	88.88%	9.15%	1.97%	100.00%

(1) Includes program start-up expenses.

(2) Excludes expenses related to discontinued operations – see note 13.

See accompanying notes.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended August 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities:		
Increase in net assets	\$ 846,428	\$ 870,400
Adjustments to reconcile increase in net assets to net cash (used) provided by operating activities:		
Depreciation and amortization	1,897,233	1,827,293
Bad debt provision	46,344	404,756
Increase in beneficial interest in trusts held by others	(345,574)	(292,764)
Gain on sales and disposals of property, plant and equipment and property held for sale	(2,024,351)	(135,268)
Change in fair value of interest rate swaps	1,254,211	678,470
Net unrealized and realized gains on investments	(569,327)	(943,568)
Changes in operating assets and liabilities:		
Accounts receivable from affiliates	(218,818)	319,917
Program and other accounts receivable	858,969	675,629
Contributions receivable	(172,018)	(64,208)
Prepaid expenses and other current assets	(203,018)	(207,610)
Other assets	(723,547)	-
Accounts payable and accrued expenses	(405,642)	942,895
Accounts payable to affiliates	(314,557)	314,557
Rate reserve	(656,571)	207,970
Deferred revenue	(938,226)	(1,132,800)
Other liabilities	<u>16,715</u>	<u>238,967</u>
Net cash (used) provided by operating activities	(1,651,749)	3,704,636
Cash flows from investing activities:		
Purchases of property, plant and equipment	(1,794,331)	(5,668,528)
Proceeds from sale of property, plant and equipment and property held for sale	3,034,938	1,280,638
Cash provided by acquisition	227,830	-
Increase in investments, net	(624,655)	(1,049,731)
Change in assets limited as to use	<u>1,165,832</u>	<u>(900,963)</u>
Net cash provided (used) in investing activities	2,009,614	(6,338,584)
Cash flows from financing activities:		
Repayment of long-term debt	(2,508,652)	(1,606,999)
Issuance of long-term debt	360,982	5,391,471
Payment for termination of interest rate swap	(159,678)	-
Repayments on lines of credit	(26,040,436)	(17,928,961)
Borrowings on lines of credit	27,374,577	17,987,920
Bond issuance costs	<u>-</u>	<u>(196,969)</u>
Net cash (used) provided by financing activities	<u>(973,207)</u>	<u>3,646,462</u>
(Decrease) increase in cash and cash equivalents	(615,342)	1,012,514
Cash and cash equivalents, beginning of year	<u>5,017,529</u>	<u>4,005,015</u>
Cash and cash equivalents, end of year	<u>\$ 4,402,187</u>	<u>\$ 5,017,529</u>

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS (CONTINUED)

August 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Supplemental disclosure of cash flow information:		
Interest paid, net of capitalized interest of approximately		
\$104,000 in 2011 (none in 2012)	\$ <u>1,225,000</u>	\$ <u>1,068,000</u>

During 2012 and 2011, Easter Seals NH transferred property with a net carrying value of \$1,513,272 and \$50,883, respectively, from fixed assets to property held for sale. Additionally, Easter Seals NH sold property held for sale with a net carrying value of \$1,108,357 in 2012 (see note 13). During 2012, Easter Seals NH received a donated building with an estimated fair value of \$1,100,000, which has been recorded as deferred revenue (see note 5). See also acquisition described in note 12.

See accompanying notes.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

1. Corporate Organization and Purpose

Easter Seals New Hampshire, Inc. and Subsidiaries (Easter Seals NH) consists of eleven separate nonprofit entities: Easter Seals New Hampshire, Inc. (parent and service corporation); Easter Seals New York, Inc. (Easter Seals NY); Easter Seals Maine, Inc. (Easter Seals ME); Easter Seals Rhode Island, Inc. (Easter Seals RI); Agency Realty, Inc. (real estate corporation); The Harbor Schools Incorporated (Harbor Schools); Manchester Alcoholism Rehabilitation Center; Special Transit Service, Inc. (transportation corporation); Webster Place, Inc. (Webster Place), which was acquired in 2012 – see note 12; Easter Seals Connecticut, Inc. (Easter Seals CT); and Easter Seals Vermont, Inc. (Easter Seals VT). Easter Seals New Hampshire, Inc. is the sole member of each subsidiary. Easter Seals NH is affiliated with Easter Seals, Inc. (the national headquarters for the organization).

On January 25, 2012, the Board of Directors of Easter Seals New Hampshire, Inc. voted to close Harbor Schools and cease all operations of this subsidiary, and also voted to approve discontinuing the group home and special education programs in Rutland, Vermont (see note 13).

Easter Seals NH's purpose is to provide (1) programs and services for people with disabilities and other special needs, (2) assistance to people with disabilities and their families, (3) assistance to communities in identifying and developing needed services for residents, and (4) a climate of acceptance for people with disabilities and other special needs which will enable them to contribute to the well-being of the community. Easter Seals NH operates programs throughout New Hampshire, New York, Maine, Massachusetts (prior to the closure of Harbor Schools), Rhode Island, Vermont and Connecticut.

Prior to April 26, 2011, Fernclif Housing Development Fund Company, Inc. (Fernclif) was an entity affiliated with Easter Seals NY; however, the accounts of Fernclif are not included in the accompanying consolidated financial statements as Fernclif has separate reporting requirements to various federal and state agencies, and is required to maintain its separate accounts. Effective April 26, 2011, the Board of Directors of Easter Seals NY resolved to transfer, for no consideration, all membership interests in Fernclif to an unrelated not-for-profit organization.

In December 2010, Easter Seals NY issued the Series 2010 Bonds described in note 8 to finance the acquisition of certain property located in Irondequoit, New York, provide for improvements to a school building and an existing rehabilitation facility, and construct two residential rehabilitation facilities. The start-up programs at this location began operations in August of 2011, and start-up program revenues and operating expenses approximated \$161,000 and \$596,000, respectively, for the year ended August 31, 2011. Easter Seals NY ceased classifying revenues and operating expenses relating to these programs as start-up revenues and expenses on August 31, 2011. Revenues and operating expenses relating to these programs after August 31, 2011 have been included within other revenue and operating expense classifications on the accompanying consolidated statement of activities and changes in net assets for the year ended August 31, 2012, and approximated \$5,372,000 and \$5,027,000, respectively.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

2. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of Easter Seals New Hampshire, Inc. and the subsidiaries of which it is the sole member. Significant intercompany accounts and transactions have been eliminated in consolidation.

Cash and Cash Equivalents

Easter Seals NH considers all highly liquid securities purchased with an original maturity of 90 days or less to be cash equivalents. Cash equivalents consist of cash, overnight repurchase agreements and money market funds, excluding assets limited as to use.

Management has implemented a practice to establish cash reserves on hand. Approximately \$2,277,000 and \$2,152,000 of cash and cash equivalents, and approximately \$2,070,000 and \$1,689,000 of investments were on-hand under this practice as of August 31, 2012 and 2011, respectively.

Assets Limited as to Use and Investments

Assets limited as to use consists of cash and cash equivalents, short-term certificates of deposit with original maturities greater than 90 days, but less than one year, and investments. Investments are stated at fair value. Realized gains and losses on investments are computed on a specific identification basis. The changes in net unrealized and realized gains and losses on investments are recorded in other nonoperating expenses, gains and losses in the accompanying consolidated statements of activities and changes in net assets. Donated securities are stated at fair value determined at the date of donation.

Beneficial Interest in Trusts

Easter Seals NH is the beneficiary of several trusts held by others. Easter Seals NH has recorded as an asset the fair value of its interest in the trusts and such amount is included in permanently restricted net assets, based on the underlying donor stipulations. The change in the interest due to fair value change is recorded within other nonoperating expenses, gains and losses as permanently restricted activity.

Fixed Assets

Fixed assets are recorded at cost less accumulated depreciation and amortization. Expenditures for maintenance and repairs are charged to expense as incurred, and expenditures for major renovations are capitalized. Depreciation is computed on the straight-line method over the estimated useful lives of the underlying assets.

Fixed assets obtained by Easter Seals NH as a result of acquisitions on or after September 1, 2011 are recorded at estimated fair value as of the date of the acquisition in accordance with generally accepted accounting principles guidance for acquisitions by a not-for-profit entity.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

2. Summary of Significant Accounting Policies (Continued)

Donated property and equipment not subject to donor stipulated conditions is recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support or, if significant uncertainties exist, as deferred revenue pending resolution of the uncertainties. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted support. See also note 5.

Property held for sale is recorded at the lower of net realizable value or carrying value.

Intangible Assets and Long-Lived Assets

Accounting rules require that intangible assets with estimable or determinable useful lives be amortized over their respective estimated useful lives to their estimated residual values, and be reviewed by management for impairment. Based on management's assessments, there is no impairment of intangible assets at August 31, 2012. Intangible assets at August 31, 2012 consist of a patient list obtained in the acquisition of Webster Place (see note 12).

Expected amortization of intangible assets through the end of their useful lives is as follows:

2013	\$ 33,130
2014	33,130
2015	33,130
2016	33,130
2017	33,130
Thereafter	<u>132,523</u>
	<u>\$298,173</u>

When there is an indication of impairment, management considers whether long-lived assets are impaired by comparing gross future undiscounted cash flows expected to be generated from utilizing the assets to their carrying amounts. If cash flows are not sufficient to recover the carrying amount of the assets, an impairment has occurred and the assets are written down to their fair value. Significant estimates and assumptions are required to be made by management in order to evaluate possible impairment.

Based on current facts, estimates and assumptions, management believes that no long-lived assets were impaired at August 31, 2012 and 2011.

Bond Issuance Costs

Bond issuance costs are being amortized by the straight-line method over the repayment period of the related bonds, or the expected time until the next refinancing, whichever is shorter. Amortization expense recognized during 2012 and 2011 was \$36,418 and \$14,009, respectively.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

2. Summary of Significant Accounting Policies (Continued)

Revenue Recognition

Revenue generated from services provided to the public is reported at the estimated net realizable amounts from clients, third-party payors and others based upon approved rates as services are rendered. A significant portion of Easter Seals NH's revenues are derived through arrangements with third-party payors. As such, Easter Seals NH is dependent on these payors in order to carry out its operating activities. There is at least a reasonable possibility that recorded estimates could change by a material amount in the near term. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in other fees and grants in the year that such amounts become known. Easter Seals NH has established rate reserves of \$435,008 and \$1,091,579 at August 31, 2012 and 2011, respectively, for differences between rates previously estimated and amounts which will be either recoverable or payable to third-party payors based upon actual rates approved by third-parties. The differences between amounts previously estimated and amounts subsequently determined to be recoverable from third-party payors did not significantly affect revenue in 2012 or 2011.

Revenues are recognized as earned, or attributable to the period in which specific terms of the funding agreement are satisfied, and to the extent that expenses have been incurred for the purposes specified by the funding source. Revenue balances in excess of the foregoing amounts are accounted for as deferred revenue until any restrictions are met or allowable expenditures are incurred.

The allowance for doubtful accounts is provided based on an analysis by management of the collectibility of outstanding balances. Management considers the age of outstanding balances and past collection efforts in determining the allowance for doubtful accounts. Accounts are charged against the allowance for doubtful accounts when deemed uncollectible.

Unconditional contributions are recognized when pledged.

Advertising

Easter Seals NH's policy is to expense advertising costs as incurred.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the accompanying consolidated statements of activities and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services based mainly on time records and estimates made by Easter Seals NH's management.

Charity Care (Unaudited)

Easter Seals NH has a formal charity care policy under which program fees are subsidized as determined by the Board of Directors. Free and subsidized services are rendered in accordance with decisions made by the Board of Directors and, at established charges, amounted to approximately \$5,979,000 and \$6,445,000 for the years ended August 31, 2012 and 2011, respectively.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

2. Summary of Significant Accounting Policies (Continued)

Income Taxes

Easter Seals New Hampshire, Inc., Easter Seals NY, Easter Seals ME, Easter Seals VT, Easter Seals Rhode Island, Harbor Schools, Webster Place, Manchester Alcoholism Rehabilitation Center, Easter Seals CT and Special Transit Services, Inc. are exempt from both federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and, for Easter Seals NY of the Not-for-Profit Corporation Law of the State of New York. Agency Realty, Inc. received a determination letter from the Internal Revenue Service stating that it qualifies for tax-exempt status under Section 501(c)(2) of the Internal Revenue Code.

Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position historically taken on various tax exposure items including unrelated business income or tax status. In accordance with accounting principles generally accepted in the United States of America, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the “more-likely-than-not” threshold, based upon the technical merits of the position.

Management has evaluated tax positions taken by Easter Seals New Hampshire, Inc. and its subsidiaries on their respective filed tax returns and concluded that the organizations have maintained their tax-exempt status, do not have any significant unrelated business income, and have taken no uncertain tax positions that require adjustment to or disclosure in the accompanying consolidated financial statements. Easter Seals New Hampshire, Inc. and its subsidiaries are no longer subject to income tax examinations by the federal or state tax authorities for years prior to 2009.

Use of 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 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 revenue and expenses during the reporting period. Actual results could differ from those estimates.

Derivatives and Hedging Activities

Accounting guidance requires that Easter Seals NH record as an asset or liability the fair value of the interest rate swap agreements described in note 8. Easter Seals NH is exposed to repayment loss equal to the net amounts receivable under the swap agreements (not the notional amount) in the event of nonperformance of the other party to the swap agreements. However, Easter Seals NH does not anticipate nonperformance and does not obtain collateral from the other party.

As of August 31, 2012 and 2011, Easter Seals NH had recognized a liability of \$5,135,978 and \$4,041,445, respectively, as a result of the interest rate swap agreements discussed in note 8. As a result of changes in the fair value of these derivative financial instruments and excluding a termination payment related to one swap agreement of \$159,678 in 2012 (see note 8), Easter Seals NH recognized a decrease in net assets of \$1,254,211 and \$678,470 (including increases in net assets of \$8,185 and \$14,638, respectively, included in discontinued operations) related to swap agreements for the years ended August 31, 2012 and 2011, respectively.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

2. Summary of Significant Accounting Policies (Continued)

Increase (Decrease) in Net Assets from Operations

For purposes of display, transactions deemed by management to be ongoing, major or central to the provision of services are reported as revenue and expenses that comprise the increase (decrease) in net assets from operations. The primary transactions reported as other nonoperating expenses, gains and losses include the adjustment to fair value of interest rate swaps, the increase in the fair value of beneficial interest in trusts held by others, gains and losses on sales and disposals of property, plant and equipment, and net realized and unrealized gains and losses on investments.

Reclassifications

Certain amounts in the 2011 consolidated financial statements have been reclassified to conform to the 2012 presentation.

Subsequent Events

Events occurring after the statement of financial position date are evaluated by management to determine whether such events should be recognized or disclosed in the consolidated financial statements. Management has evaluated events occurring between the end of Easter Seals NH's fiscal year end and December 12, 2012, the date these consolidated financial statements were available to be issued.

Recently Issued Accounting Pronouncements

In May 2011, the Financial Accounting Standards Board issued Accounting Standards Update 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs* (ASU 2011-04). ASU 2011-04 amended Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, to converge the fair value measurement guidance in U.S. generally accepted accounting principles (GAAP) and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures, although certain of these new disclosures will not be required for nonpublic entities. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. The management of Easter Seals NH is currently evaluating the effect, if any, that the provisions of ASU 2011-04 will have on Easter Seals NH's financial statements.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

3. Classification of Net Assets

In accordance with the *Uniform Prudent Management of Institutional Funds Act* (UPMIFA), net assets are classified and reported based on the existence or absence of donor-imposed restrictions. Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of donated assets. Temporarily restricted net assets are those whose use by Easter Seals NH has been limited by donors to a specific time period or purpose. When a donor restriction expires (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 activities and changes in net assets as net assets released from restrictions. Permanently restricted net assets have been restricted by donors to be maintained by Easter Seals NH in perpetuity, the income from which is expendable to support all activities of the organization, or as stipulated by the donor.

Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

In accordance with UPMIFA, Easter Seals NH considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (a) the duration and preservation of the fund; (b) the purpose of the organization and the donor-restricted endowment fund; (c) general economic conditions; (d) the possible effect of inflation and deflation; (e) the expected total return from income and the appreciation of investments; (f) other resources of the organization; and (g) the investment policies of the organization.

Endowment Net Asset Composition by Type of Fund

The major categories of endowment funds at August 31, 2012 and 2011 are as follows:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
<u>2012</u>				
Camping program	\$ —	\$ 1,698	\$ 362,869	\$ 364,567
Other programs	—	14,345	327,555	341,900
Operations	—	—	3,613,207	3,613,207
Total endowment net assets	\$ —	\$16,043	\$4,303,631	\$4,319,674
<u>2011</u>				
Camping program	\$ —	\$ 1,221	\$ 362,869	\$ 364,090
Other programs	—	13,564	265,232	278,796
Operations	—	—	3,613,207	3,613,207
Total endowment net assets	\$ —	\$14,785	\$4,241,308	\$4,256,093

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

3. Classification of Net Assets (Continued)

Changes in Endowment Net Assets

During the years ended August 31, 2012 and 2011, Easter Seals NH had the following endowment-related activities:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Net endowment assets, August 31, 2010	\$(28,530)	\$ 49,480	\$4,219,163	\$4,240,113
Investment return:				
Investment income, net of fees	—	160,155	—	160,155
Net appreciation (realized and unrealized)	28,530	388,520	—	417,050
Contributions	—	—	22,145	22,145
Appropriated for expenditure	<u>—</u>	<u>(583,370)</u>	<u>—</u>	<u>(583,370)</u>
Net endowment assets, August 31, 2011	—	14,785	4,241,308	4,256,093
Investment return:				
Investment income, net of fees	—	54,655	—	54,655
Net appreciation (realized and unrealized)	—	523,768	—	523,768
Contributions	—	—	62,323	62,323
Appropriated for expenditure	<u>—</u>	<u>(577,165)</u>	<u>—</u>	<u>(577,165)</u>
Net endowment assets, August 31, 2012	<u>\$ —</u>	<u>\$ 16,043</u>	<u>\$4,303,631</u>	<u>\$4,319,674</u>

In addition to endowment net assets, Easter Seals NH also maintains non-endowed funds. The major categories of non-endowment funds, at August 31, 2012 and 2011 are as follows:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total Non- Endowment Net Assets</u>
<u>2012</u>				
Seniors program	\$ 106,866	\$ 16,386	\$ —	\$ 123,252
Veterans program	—	353,044	—	353,044
India initiative	—	51,900	—	51,900
Other programs	35,199	128,877	—	164,076
Operations	<u>11,795,694</u>	<u>32,500</u>	<u>5,598,291</u>	<u>17,426,485</u>
Total non-endowment net assets	<u>\$11,937,759</u>	<u>\$582,707</u>	<u>\$5,598,291</u>	<u>\$18,118,757</u>

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

3. Classification of Net Assets (Continued)

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total Non- Endowment Net Assets</u>
<u>2011</u>				
Seniors program	\$ 109,971	\$ 21,024	\$ —	\$ 130,995
Veterans program	—	307,977	—	307,977
India initiative	—	86,356	—	86,356
Other programs	20,445	131,685	—	152,130
Operations	<u>11,373,235</u>	<u>32,500</u>	<u>5,252,717</u>	<u>16,658,452</u>
Total non-endowment net assets	<u>\$11,503,651</u>	<u>\$579,542</u>	<u>\$5,252,717</u>	<u>\$17,335,910</u>

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 Easter Seals NH to retain as a fund of permanent duration. Deficiencies of this nature are reported in unrestricted net assets. There were no deficiencies between the fair value of the investments of the endowment funds and the level required by donor stipulation at August 31, 2012 or 2011.

Investment and Spending Policies

Easter Seals NH 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 Easter Seals NH must hold in perpetuity or for a donor-specified period. 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 the price and yield results of an appropriate market index while assuming a moderate level of investment risk. Easter Seals NH expects its endowment funds to provide an average rate of return over a five year period equal to the rate of inflation plus 5%. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate-of-return objectives, Easter Seals NH 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). Easter Seals NH targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Easter Seals NH may appropriate for distribution some or all of the earnings and appreciation on its endowment for funding of operations. In establishing this policy, Easter Seals NH considered the objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to, so long as it would not detract from Easter Seals NH's critical goals and initiatives, provide additional real growth through new gifts and investment return.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

4. Leases

Easter Seals NH leases certain assets under various arrangements which have been classified as operating leases. Total expense under all leases (including month-to-month leases) was approximately \$2,101,000 and \$1,930,000 for the years ended August 31, 2012 and 2011, respectively. Some of these leases have terms which include renewal options, and other may be terminated at Easter Seals NH's option without substantial penalty. Future minimum payments required under the leases in effect at August 31, 2012 and 2011, through the remaining contractual term of the underlying lease agreements, are as follows:

Year Ended August 31:

2013	\$1,737,897
2014	1,203,282
2015	435,909
2016	229,489
2017	89,603

Easter Seals NY leases certain facilities for school operations from unrelated parties at lease terms that are either below fair market value, or that are almost entirely rent-free. Under accounting principles generally accepted in the United States of America, lease agreements must be evaluated based upon their economic substance rather than legal form, and a lease subsidy would be recorded as both contribution and rental expense. However, Easter Seals NH has determined that such amounts would not be material to the accompanying consolidated financial statements.

Easter Seals NY subleases certain office space located at 11 West 42nd Street in New York to an unrelated party. The sublease agreement expires in August 2013. Total rental income earned under this sublease agreement for the years ended August 31, 2012 and 2011 was approximately \$140,000 and \$142,000, respectively.

5. Fixed Assets

Fixed assets consist of the following at August 31:

	<u>2012</u>	<u>2011</u>
Buildings	\$ 28,872,993	\$ 29,481,389
Land and land improvements	3,493,590	3,793,004
Leasehold improvements	892,094	830,761
Office equipment and furniture	9,993,575	9,865,652
Vehicles	3,093,740	3,143,807
Construction in progress	<u>861,415</u>	<u>1,059,007</u>
	47,207,407	48,173,620
Less accumulated depreciation and amortization	<u>(22,074,926)</u>	<u>(22,804,756)</u>
	<u>\$ 25,132,481</u>	<u>\$ 25,368,864</u>

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

5. Fixed Assets (Continued)

Depreciation and amortization expense related to fixed assets totaled \$1,827,988 and \$1,813,284 in 2012 and 2011, respectively. Depreciation and amortization of fixed assets included within discontinued operations in 2012 and 2011 totaled \$90,991 and \$187,501, respectively.

During 2012, Easter Seals NH received a donated building with an estimated fair value of approximately \$1,100,000. Under the terms of the donation, for a period of six years, Easter Seals NH must continue to use the building as a child care center. Should Easter Seals NH cease to operate the program, or wish to sell or donate the property, Easter Seals NH must first provide the donor with the opportunity to purchase the property for \$1. The contribution representing the fair value of the building has been recorded as deferred revenue at August 31, 2012.

Easter Seals NH has outstanding construction commitments totaling approximately \$2,460,000 at August 31, 2012.

6. Investments and Assets Limited as to Use

Investments and assets limited as to use, at fair value, are as follows at August 31:

	<u>2012</u>	<u>2011</u>
Cash and cash equivalents	\$ 2,822,042	\$ 4,351,252
Certificates of deposit	1,750,201	1,570,514
Marketable equity securities	1,905,202	1,770,046
Mutual funds	10,900,984	9,377,957
Corporate and foreign bonds	792,669	1,063,594
Government and agency securities	<u>310,437</u>	<u>320,022</u>
	18,481,535	18,453,385
Less: assets limited as to use	<u>(5,475,778)</u>	<u>(6,641,610)</u>
Total investments, at fair value	<u>\$13,005,757</u>	<u>\$11,811,775</u>

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

6. Investments and Assets Limited as to Use (Continued)

The composition of assets limited as to use at August 31, 2012 and 2011 are set forth in the table shown below at fair value. The portion of assets limited as to use that is required for obligations classified as current liabilities is reported in current assets.

	<u>2012</u>	<u>2011</u>
Under an agreement with the State of Connecticut, which provides that the funds be utilized for certain allowable program expenditures:		
Cash and cash equivalents	\$2,284,027	\$2,880,440
Certificates of deposit	<u>1,750,201</u>	<u>1,570,514</u>
	4,034,228	4,450,954
Under a deferred compensation plan (see note 7):		
Investments	1,167,789	1,151,396
Under 2010 bond indenture agreements (see note 8):		
Cash and cash equivalents	—	780,510
Maintained in escrow to make required payments on certain bonds (see note 8):		
Cash and cash equivalents	<u>273,761</u>	<u>258,750</u>
Total assets limited as to use	<u>\$5,475,778</u>	<u>\$6,641,610</u>

The principal components of investment income, gains and losses included in continuing operations are summarized below. Amounts included in discontinued operations for 2012 and 2011 were not significant.

	<u>2012</u>	<u>2011</u>
Unrestricted investment income and unrealized and realized gains on investments:		
Dividend and interest income	\$ 680,465	\$ 620,764
Net unrealized gains	393,815	358,851
Net realized gains	<u>168,831</u>	<u>27,375</u>
	1,243,111	1,006,990
Restricted investment income and unrealized and realized gains on investments:		
Dividend and interest income	3,635	2,157
Net unrealized gains	1,905	392,497
Net realized gains	<u>4,776</u>	<u>164,115</u>
	<u>10,316</u>	<u>558,769</u>
	<u>\$1,253,427</u>	<u>\$1,565,759</u>

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

7. Retirement Plans

Easter Seals NH maintains a Section 403(b) Plan (a defined contribution retirement plan), which covers substantially all employees. Eligible employees may contribute any whole percentage of their annual salary. Employee contributions may be matched by Easter Seals NH as determined in the annual budget. The combined amount of employer and employee contributions is subject by law to annual maximum amounts. The employer match was approximately \$490,000 and \$423,000 for the years ended August 31, 2012 and 2011, respectively.

Easter Seals New Hampshire, Inc. offers, to certain management personnel, the option to participate in an Internal Revenue Code Section 457 Deferred Compensation Plan to which the organization may make a discretionary contribution. The employees' accounts are not available until termination, retirement, death or an unforeseeable emergency. Easter Seals New Hampshire, Inc. contributed approximately \$120,000 and \$127,500 to this plan during the years ended August 31, 2012 and 2011, respectively. The assets and liabilities associated with this plan were \$1,167,789 and \$1,151,396 at August 31, 2012 and 2011, respectively, and are included within assets limited as to use and other liabilities in the accompanying consolidated statements of financial position.

8. Borrowings

Borrowings consist of the following at August 31:

	<u>2012</u>	<u>2011</u>
Revenue Bonds, Series 2004A, tax exempt, issued through the New Hampshire Health and Education Facilities Authority (NHHEFA), with a variable rate determined through weekly remarketing (0.17% at August 31, 2012) through December 2034, annual principal payments continually increasing from \$365,000 to \$1,060,000 with a final payment of \$1,060,000 due December 2034, secured by a pledge of all gross receipts of Easter Seals NH and certain letters of credit (see below)	\$15,025,000	\$15,370,000
Revenue Bonds, Series A, issued through the Massachusetts Development Finance Agency (MDFA), monthly principal installments, which escalate annually at 5.34% ranging from \$5,571 to \$12,689 through October 2025, plus interest on the outstanding balance. Interest is payable monthly on the sixth day of the month at (i) forty-five basis points plus (ii) 69% of the sum of (A) the spread (225 basis points) plus (B) LIBOR, secured by mortgage interest in various real properties, paid in full in November 2011	—	1,547,396
Revenue Bonds, Series B, issued through the MDFA, monthly principal and interest of \$5,727 through October 2012. Interest is payable monthly on the sixth day of the month at a fixed rate of 5.31%, paid in full in November 2011	—	77,544
Revenue Bonds, Series 2010, issued through the Monroe County Industrial Development Corporation, interest only payments due through December 2011, after which monthly principal and interest payments ranging from \$9,770 to \$21,980 are required through the maturity date of December 31, 2040. Interest is payable monthly at a rate equal to 68% of the sum of the monthly LIBOR rate plus 2.65% (1.97 % at August 31, 2012)	5,171,840	5,250,000

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

8. Borrowings (Continued)

Mortgage note payable to a bank with a fixed rate of 5.91%, principal of \$1,723 plus interest payable monthly, with a final payment of \$79,160 due December 2015, secured by a pledge of all unrestricted investments and certain real property located at 11 Burnham Street and 195 Stratton Road in Rutland, Vermont, paid in full in April 2012	\$	—	\$	168,756
Mortgage payable to a bank with a variable rate of LIBOR plus 2.65% (2.89% at August 31, 2012), principal of \$9,500 plus interest payable monthly, with a final payment of \$2,299,000 due March 2015, secured by all business assets and property of Easter Seals CT, excluding certain assets limited as to use totaling \$4,034,228 at August 31, 2012		2,584,000		2,698,000
Note payable to a bank with a fixed rate of 4.25%, principal and interest of \$823 payable monthly, due July 2013, secured by a vehicle		8,941		18,216
Note payable to a bank with a fixed rate of 2.50%, principal and interest of \$4,919 payable monthly, secured by vehicles, paid in full in March 2012		—		34,248
Note payable to a bank with a fixed rate of 3.66%, principal and interest of \$3,177 payable monthly, due August 2015, secured by vehicles		108,052		141,472
Unsecured note payable to an individual with a fixed rate of 5.25%, principal and interest of \$10,311 payable monthly, due April 2016		411,835		—
Non-revolving note payable to a bank with a total availability of \$3,500,000 (\$3,139,018 available for additional borrowings at August 31, 2012), with a variable rate of LIBOR plus 4.07% (4.31% at August 31, 2012), interest only payments through June 2014, after which monthly principal and interest payments are required through the maturity in June 2015, secured by an interest in certain property with a net book value of \$_____ at August 31, 2012		<u>360,982</u>		<u>—</u>
		23,670,650		25,305,632
Less current portion		<u>746,716</u>		<u>774,891</u>
		<u>\$22,923,934</u>		<u>\$24,530,741</u>

Principal payments on long-term debt for each of the following years ending August 31 are as follows:

2013	\$	746,716
2014		828,396
2015		3,336,933
2016		631,204
2017		574,200
Thereafter		<u>17,553,201</u>
		<u>\$23,670,650</u>

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

8. Borrowings (Continued)

Lines of Credit

Easter Seals New Hampshire, Inc. has an agreement with a bank for a \$500,000 nonrevolving equipment line of credit. The line of credit is to be used to fund the purchase of New Hampshire titled vehicles for use by Easter Seals NH through January 2, 2013. The interest rate charged on outstanding borrowings is at a fixed rate at the then prime rate minus 0.75% for maturities up to a five-year term. Availability under this nonrevolving line of credit, which is reduced by the original amount of certain notes payable as of August 31, 2012 and 2011, is \$285,128 at August 31, 2012. No amounts were outstanding under this agreement as of August 31, 2012 and 2011.

Easter Seals New Hampshire, Inc. (the sole member of Easter Seals NY and Harbor Schools), Easter Seals NY and Harbor Schools have a revolving line of credit with a bank, with available borrowings up to \$7 million (a portion of which is secured by available letters of credit of \$110,795, of which \$39,795 is related to Easter Seals NY). Outstanding advances are due on demand. The revolving line of credit has the following sub-limits which were last amended in May 2012; Easter Seals NH \$3.5 million, Easter Seals NY \$3 million and Harbor Schools \$500,000. The interest rate charged on outstanding borrowings is at LIBOR plus 2.25% (2.49% at August 31, 2012). Under an event of default, the interest rate will increase from LIBOR plus 2.25% to LIBOR plus 5.25%. The line is secured by a first priority interest in all business assets of Easter Seals New Hampshire, Inc., Easter Seals NY and Harbor Schools. The agreement requires that collective borrowings under the line of credit be reduced to \$3,500,000 for 30 consecutive days during each calendar year. The agreement also limits each borrower's ability to incur additional indebtedness in excess of \$500,000. Amounts outstanding under this revolving line of credit agreement at August 31, 2012 and 2011 were \$451,302 and \$0, respectively, related to Harbor Schools and \$1,124,649 and \$345,519, respectively, related to Easter Seals NY.

Easter Seals CT has a demand revolving line of credit with a bank with available borrowings up to \$1 million. The interest rate charged on outstanding borrowings is at LIBOR plus 2.25% (2.49% at August 31, 2012). The line is secured by all business assets and property of Easter Seals CT, except for certain assets limited as to use (\$4,034,228 carrying value as of August 31, 2012). Additionally, this line is guaranteed by Easter Seals NH. The agreement also limits Easter Seals CT's ability to incur additional indebtedness in excess of \$1,000,000 related to real estate, and is cross collateralized with all Easter Seals NH borrowings at this bank. Amounts outstanding under this revolving line of credit agreement at August 31, 2012 and 2011 were \$406,653 and \$302,944, respectively.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

8. Borrowings (Continued)

NHHEFA 2004A Revenue Bonds

In connection with the NHHEFA 2004A Revenue Bonds, Easter Seals NH is required to make deposits of interest and principal of sufficient amounts to make the required interest payments and to retire the Bonds when due. The 2004A Revenue Bonds require that Easter Seals NH maintain certain reserve funds with a trustee for current required principal and interest payments. Such amounts, which are included within assets limited as to use, totaled \$273,761 and \$258,750 at August 31, 2012 and 2011, respectively. This agreement also requires bank approval prior to Easter Seals NH incurring additional indebtedness. Easter Seals NH has four available letters of credit securing the bonds. Two letters of credit are each \$15,210,240 (these two expiring and subject to renewal on December 1, 2013, and mainly to support future principal and interest repayments due under the 2004A Revenue Bonds), and two other letters of credit totaling \$110,795 as described above under lines of credit. Easter Seals NH is required to replace or renew the two \$15,210,240 letters of credit upon their expiration or the related bonds may be subject to early redemption. Easter Seals NH pays an annual fee of 150 basis points for the two letters of credit relating to the 2004A NHHEFA Revenue Bonds. Fees incurred on these letters of credit totaled approximately \$234,000 and \$238,000 in 2012 and 2011, respectively.

Series 2010 Revenue Bonds

On December 1, 2010, Easter Seals NY, in connection with the Monroe County Industrial Development Corporation and RBS Citizens, issued \$5,250,000 in Series 2010 tax-exempt Revenue Bonds (the Series 2010 Bonds). The Series 2010 Bonds were used to finance the acquisition of certain property located in Irondequoit, New York, provide for improvements to a school building and an existing rehabilitation facility, and construct two residential rehabilitation facilities. Additionally, proceeds were used to refinance certain Easter Seals NY outstanding debt totaling \$922,188.

The Series 2010 Bonds are secured by a mortgage on all properties and improvements financed by the bonds, and are guaranteed by Easter Seals NH. Easter Seals NY may elect to prepay some portion or all of the outstanding bonds subject to a prepayment fee, as defined. This agreement also requires bank approval prior to Easter Seals NY incurring additional indebtedness. The Series 2010 Bonds are subject to tender for mandatory purchase at the election of the bondholder beginning June 1, 2016, and thereafter every five years through June 1, 2036.

Interest Rate Swap Agreements

Easter Seals NH has an interest rate swap agreement with a bank in connection with the Series 2004A Revenue Bonds. The swap agreement has an outstanding notional amount of \$15,025,000 and \$15,370,000 at August 31, 2012 and 2011, respectively, which reduces, in conjunction with bond principal reductions, until the agreement terminates in December 2034. Easter Seals NH remits interest at the fixed rate of 3.54% and receives interest at a variable rate (0.17% at August 31, 2012).

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

8. Borrowings (Continued)

Harbor Schools had an interest rate swap agreement with a bank in connection with the Series A Revenue Bonds with the Massachusetts Development Finance Authority. The interest rate swap agreement, which would have terminated in October 2015, was terminated effective November 15, 2011 upon Harbor Schools full repayment of Revenue Bonds Series A and B issued through MDFA. This triggered a termination payment of \$159,678 by Easter Seals NH. The swap agreement had an outstanding notional amount of \$1,547,396 at August 31, 2011. This agreement effectively changed Harbor Schools' variable interest rate Series A bonds to a fixed interest rate. Under the terms of the swap, Harbor Schools paid a monthly fixed-rate of 5.53% and received a monthly variable rate based on a similar formula to the interest being charged on the Series A bonds.

On February 23, 2011, Easter Seals NY entered into an interest rate swap agreement with a bank in connection with the Series 2010 Revenue Bonds. The swap agreement had an outstanding notional amount of \$5,171,840 and \$5,250,000 at August 31, 2012 and 2011, respectively, which reduces, in conjunction with bond principal reductions, until the agreement terminates in January 2031. Easter Seals NY remits interest at a fixed rate of 2.99% and receives interest at a variable rate (68% of monthly LIBOR).

On December 27, 2010, Easter Seals CT entered into an interest rate swap agreement in connection with an outstanding mortgage payable (\$2,584,000 and \$2,698,000 at August 31, 2012 and 2011, respectively), until the agreement terminates in March 2015. The original notional amount of \$1,800,000 will reduce ratably in conjunction with repayment of the note payable. The swap agreement effectively changed the variable rate (2.89% at August 31, 2012) to a fixed rate of 2.72% for the notional amounts outstanding, which is approximately 65% of the related mortgage payable.

The fair value of the above interest rate swap agreements totaled \$5,135,978 and \$4,041,445 at August 31, 2012 and 2011, respectively, \$734,470 and \$726,083 of which was current at August 31, 2012 and 2011, respectively. During the years ended August 31, 2012 and 2011 net payments required by the agreements (excluding the Harbor Schools swap termination payment of \$159,678 in November 2011) totaled \$708,196 and \$684,995, respectively. These payments, except for those relating to the Harbor Schools interest rate swap, which have been included within discontinued operations, have been included in interest expense within the consolidated statements of activities and changes in net assets. See note 11 with respect to fair value determinations.

Debt Covenants

In connection with the bonds, lines of credit and various other notes payable described above, Easter Seals NH is required to comply with certain financial covenants including, but not limited to, minimum liquidity and debt service coverage ratios. At August 31, 2012, Easter Seals NH was in compliance with restrictive covenants specified under the NHHEFA bonds, Series 2010 Bonds, and other debt obligations, except for maintaining a maximum leverage ratio of 2.00:1 as required by covenants for the Easter Seals New Hampshire, Inc. nonrevolving equipment line of credit at August 31, 2012. Easter Seals NH has not received a waiver for this covenant violation; however, the total amount outstanding under this line of credit is \$8,941, which is classified within the current portion of long-term debt at August 31, 2012.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

9. Donated Services

A number of volunteers have donated their time in connection with Easter Seals NH's program services and fundraising campaigns. However, no amounts have been reflected in the accompanying consolidated financial statements for such donated services, as no objective basis is available to measure the value.

10. Related Party Transactions

Approximately 19% and 20% of other fees and grants revenue is derived from a pass-through grant from Easter Seals, Inc. for the years ended August 31, 2012 and 2011, respectively. Easter Seals NH is a member of Easter Seals, Inc. As of August 31, 2012 and 2011, Easter Seals NH had a receivable of \$441,980 and \$223,162, respectively, from Easter Seals, Inc. related to amounts due under this grant. Additionally, Easter Seals NY had an amount payable to Easter Seals, Inc. of \$314,557 as of August 31, 2011 for amounts being refunded under this grant. Membership fees to Easter Seals, Inc. were \$134,887 and \$123,151 for the years ended August 31, 2012 and 2011, respectively and are reflected as support of National programs on the accompanying consolidated statements of activity and changes in net assets.

11. Fair Value of Financial Instruments

Fair value of a financial instrument is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at their measurement date. In determining fair value, Easter Seals NH uses various methods including market, income and cost approaches, and utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and the risks inherent in factors used in the valuation. These factors may be readily observable, market corroborated, or generally unobservable. Easter Seals NH utilizes valuation techniques that maximize the use of observable factors and minimizes the use of unobservable factors.

Certain of Easter Seals NH's financial instruments are reported at fair value, which include beneficial interest held in trusts, investments and the interest rate swaps, and are classified by levels that rank the quality and reliability of the information used to determine fair value:

Level 1 – Valuations for financial instruments traded in active exchange markets, such as the New York Stock Exchange. Valuations are obtained from readily available pricing sources for market transactions involving identical instruments.

Level 2 – Valuations for financial instruments traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar instruments.

Level 3 – Valuations for financial instruments derived from other methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining fair value.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

11. Fair Value of Financial Instruments (Continued)

The following describes the valuation methodologies used to measure financial assets and liabilities at fair value. The levels relate to valuation only and do not necessarily indicate a measure of investment risk. There have been no changes in the methodologies used by Easter Seals NH at August 31, 2012 and 2011.

Investments and Assets Limited as to Use

Cash and cash equivalents are deemed to be Level 1. The fair values of marketable equity securities, money market and mutual funds and government and agency securities that are based upon quoted prices in active markets for identical assets are reflected as Level 1. Investments in certain other mutual funds and corporate bonds where securities are transparent and generally are based upon quoted prices in active markets are valued by the investment managers and reflected as Level 2. Investments in certificates of deposit are at cost plus accrued interest, which is estimated to approximate fair value and are included in Level 2.

Beneficial Interest in Trusts Held by Others

The beneficial interest in trusts held by others has been assigned fair value levels based on the fair value levels of the underlying investments within the trusts. The fair values of marketable equity securities, money market and mutual funds, government and agency securities and other asset funds are based upon quoted prices in active markets for identical assets and are reflected as Level 1. Investments in marketable equity securities, mutual funds and corporate and foreign bonds where securities are transparent and generally are based upon quoted prices in active markets are valued by the investment managers and reflected as Level 2. Investments in alternative and other asset funds are derived from other methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions, and are reflected as Level 3. Level 3 valuations incorporate certain assumptions and projections in determining fair value.

Interest Rate Swap Agreements

The fair value for the interest rate swap liabilities is included in Level 3 and is estimated by the counterparty using industry standard valuation models. These models project future cash flows and discount the future amounts to present value using market-based observable inputs, including interest rates.

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

11. Fair Value of Financial Instruments (Continued)

At August 31, 2012 and 2011, Easter Seals NH's assets and liabilities measured at fair value on a recurring basis were classified as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2012</u>				
Assets:				
Assets limited as to use and investments at fair value:				
Cash and cash equivalents	\$2,822,042	\$ —	\$ —	\$ 2,822,042
Certificates of deposit	—	1,750,201	—	1,750,201
Marketable equity securities:				
Large-cap	1,715,844	—	—	1,715,844
International	189,358	—	—	189,358
Mutual funds, open-ended:				
Short-term fixed income	2,704,530	—	—	2,704,530
Intermediate-term bond fund	776,015	—	—	776,015
High yield bond fund	277,483	—	—	277,483
Foreign bond	142,305	—	—	142,305
Government securities	684,829	—	—	684,829
International equities	350,761	—	—	350,761
Domestic, large-cap	850,491	—	—	850,491
Domestic, mid-cap	1,039,241	—	—	1,039,241
Domestic, small-cap	159,736	—	—	159,736
Domestic, multi-alternative	—	—	—	—
Real estate fund	68,271	—	—	68,271
Mutual funds, closed-ended:				
Fixed income and bond	339,555	—	—	339,555
Domestic, large-cap	2,517,522	—	—	2,517,522
Domestic, mid-cap	16,045	—	—	16,045
Domestic, small-cap	239,693	—	—	239,693
International equity	614,770	—	—	614,770
Commodity	119,737	—	—	119,737
Corporate and foreign bonds	—	792,669	—	792,669
Government and agency securities	<u>310,437</u>	<u>—</u>	<u>—</u>	<u>310,437</u>
	<u>\$15,938,665</u>	<u>\$2,542,870</u>	<u>\$ —</u>	<u>\$18,481,535</u>
Beneficial interest in trust held by others:				
Money market funds	\$ 403,426	\$ —	\$ —	\$ 403,426
Marketable equity securities:				
Large-cap	2,128,511	136,980	—	2,265,491
Mid-cap	367,586	38,092	—	405,678
Small-cap	—	26,099	—	26,099
International	421,345	35,421	—	456,766
Emerging markets	23,776	—	—	23,776
Corporate bonds	—	622,220	—	622,220
Foreign bonds	—	20,659	—	20,659

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

11. Fair Value of Financial Instruments (Continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Domestic fixed income	\$ —	\$ 975,161	\$ —	\$ 975,161
International equity	32,132	—	—	32,132
International fixed income	20,938	—	—	20,938
Domestic large-cap equity	62,604	—	—	62,604
Domestic mid-cap equity	14,062	—	—	14,062
Domestic small-cap equity	18,779	—	—	18,779
Government and agency securities	34,061	—	—	34,061
Real estate investment trust	102,373	—	—	102,373
Alternative and structured asset funds	<u>35,452</u>	<u>—</u>	<u>78,614</u>	<u>114,066</u>
	<u>\$ 3,665,045</u>	<u>\$ 1,854,632</u>	<u>\$ 78,614</u>	<u>\$ 5,598,291</u>
Liabilities:				
Interest rate swap agreements	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 5,135,978</u>	<u>\$ 5,135,978</u>
<u>2011</u>				
Assets:				
Assets limited as to use and investments at fair value:				
Cash and cash equivalents	\$ 4,351,252	\$ —	\$ —	\$ 4,351,252
Certificates of deposit	—	1,570,514	—	1,570,514
Marketable equity securities:				
Large-cap	1,603,796	—	—	1,603,796
International	166,250	—	—	166,250
Mutual funds, open-ended:				
Short-term fixed income	2,106,206	—	—	2,106,206
Bond fund	724,870	—	—	724,870
Foreign bond	286,037	—	—	286,037
Government securities	327,829	—	—	327,829
International equities	298,746	—	—	298,746
Domestic, large-cap	1,239,110	—	—	1,239,110
Domestic, mid-cap	488,926	—	—	488,926
Domestic, multi-alternative	—	60,125	—	60,125
Mutual funds, closed-ended:				
Fixed income and bond	304,692	—	—	304,692
Domestic, large-cap	2,200,754	—	—	2,200,754
Domestic, mid-cap	16,636	—	—	16,636
Domestic, small-cap	312,947	—	—	312,947
International equities	630,060	—	—	630,060
Commodity	381,019	—	—	381,019
Corporate bonds	—	1,063,594	—	1,063,594
Government and agency securities	<u>320,022</u>	<u>—</u>	<u>—</u>	<u>320,022</u>
	<u>\$15,759,152</u>	<u>\$2,694,233</u>	<u>\$ —</u>	<u>\$18,453,385</u>

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

11. Fair Value of Financial Instruments (Continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Beneficial interest in trust held by others:				
Money market funds	\$ 161,886	\$ —	\$ —	\$ 161,886
Marketable equity securities:				
Large-cap	2,210,348	100,989	—	2,311,337
Mid-cap	289,089	35,027	—	324,116
Small-cap	—	23,110	—	23,110
International	350,202	46,386	—	396,588
Emerging markets	71,271	—	—	71,271
Corporate bonds	—	699,707	—	699,707
Foreign bonds	—	20,558	—	20,558
Mutual funds:				
Domestic fixed income	—	972,085	—	972,085
International equity	34,821	—	—	34,821
International fixed income	—	15,194	—	15,194
Domestic large-cap equity	61,776	—	—	61,776
Domestic mid-cap equity	11,832	—	—	11,832
Domestic small-cap equity	17,527	—	—	17,527
Government and agency securities	46,513	—	—	46,513
Alternative and structured asset funds	<u>26,687</u>	<u>—</u>	<u>57,709</u>	<u>84,396</u>
	<u>\$ 3,281,952</u>	<u>\$ 1,913,056</u>	<u>\$ 57,709</u>	<u>\$ 5,252,717</u>
Liabilities:				
Interest rate swap agreements	\$ <u>—</u>	\$ <u>—</u>	<u>\$ 4,041,445</u>	<u>\$ 4,041,445</u>

The table below sets forth a summary of changes in the fair value of Easter Seals NH's Level 3 assets and liabilities for the years ended August 31, 2012 and 2011:

	<u>Interest Rate Swaps</u>	<u>Alternative and Other Asset Funds</u>
Beginning balance, September 1, 2010	\$ (3,362,975)	\$ 79,457
Unrealized losses	(1,264,423)	(21,748)
Payments, net	<u>585,953</u>	<u>—</u>
Ending balance, August 31, 2011	(4,041,445)	57,709
Unrealized (losses) gains	(1,962,407)	20,905
Payments, net	708,196	—
Swap termination payment	<u>159,678</u>	<u>—</u>
Ending balance, August 31, 2012	<u>\$ (5,135,978)</u>	<u>\$ 78,614</u>

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

11. Fair Value of Financial Instruments (Continued)

Unrealized gains relating to the Harbor Schools interest rate swap totaled \$8,185 and \$14,638 in 2012 and 2011, respectively, and are included within discontinued operations (see note 13).

The net amounts of unrealized losses for the period attributable to the change in unrealized losses relating to the interest rate swaps still held at August 31, 2012 and 2011 were \$1,254,211 and \$678,470, respectively. The amount of unrealized losses for the period attributable to the change in unrealized losses relating to the Level 3 investments still held at August 31, 2012 and 2011 were \$12,817 and \$21,748, respectively.

Easter Seals NH's other financial instruments, including cash and cash equivalents, accounts receivable from affiliates, program and other accounts receivable, contributions receivable, accounts payable, lines of credit, and long-term debt, have fair values approximating their carrying values because of the short-term nature of the financial instruments or because interest rates approximate current market rates.

12. Acquisition

On September 1, 2011, Easter Seals NH entered into an affiliation agreement under which Easter Seals NH became the sole member of Webster Place Center, Inc. (Webster Place). Webster Place was not controlled by Easter Seals NH prior to this agreement. This affiliation has been accounted for in accordance with generally accepted accounting principles guidance on acquisitions by a not-for-profit entity. Substantially all revenue and support of Webster Place is from fees charged for services. Webster Place had revenue of approximately \$2,064,000, and an increase in net assets from operations of approximately \$763,000 for the year ended August 31, 2012, which results were attributed by the management of Easter Seals NH to being driven by effective management of the programs and identification of candidates for those programs. The tangible and identifiable intangible assets acquired, and deferred revenue and liabilities assumed, were initially recorded at their estimated fair values as determined by management at the acquisition date, as summarized below:

Assets acquired:

Cash and cash equivalents	\$ 227,830
Other current assets	26,789
Patient list	331,000
Fixed assets	<u>112,776</u>
	698,395

Liabilities assumed:

Accounts payable	(54,125)
Deferred revenue	(131,582)
Debt	<u>(512,688)</u>

Fair value of net assets acquired \$ —

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

August 31, 2012 and 2011

13. Discontinued Operations

On January 25, 2012, the Board of Directors of Easter Seals New Hampshire, Inc., as recommended by the Harbor Schools Board of Directors, voted to close Harbor Schools and cease all operations of this subsidiary. On January 25, 2012, the Board of Directors of Easter Seals New Hampshire, Inc. also voted to approve discontinuing the group home and special education programs in Rutland, Vermont. The management of Easter Seals NH has determined that the closure of each of these programs met the criteria for classification as discontinued operations. The decisions to close the programs were based on performance factors. A summary statement of financial position for Harbor Schools and the Vermont special education programs as of August 31, 2012 and 2011 is as follows:

	<u>Vermont Programs</u>		<u>Harbor Schools</u>	
	<u>2012</u>	<u>2011</u>	<u>2012</u>	<u>2011</u>
Total assets	\$ 1,000	\$395,021	\$1,118,306	\$2,776,903
Total liabilities	—	57,958	813,880	3,046,517
Net assets (deficit):				
Unrestricted	1,000	337,063	251,319	(320,485)
Temporarily restricted	—	—	29,281	27,045
Permanently restricted	—	—	23,826	23,826

A summary of the statements of activities for the Vermont Programs and Harbor Schools, prior to reclass to discontinued operations, for the years ended August 31, 2012 and 2011 is as follows:

	<u>Vermont Programs</u>		<u>Harbor Schools</u>	
	<u>2012</u>	<u>2011</u>	<u>2012</u>	<u>2011</u>
Total public support and revenue	\$ 242,500	\$ 938,761	\$ 2,589,615	\$ 6,227,872
Operating expenses	(401,216)	(832,631)	(3,871,472)	(6,940,125)
Other non-operating expenses, gains and losses	—	—	(57,538)	(26,111)
Gain (loss) on sale of properties, net	<u>106,474</u>	<u>—</u>	<u>1,913,435</u>	<u>(65,009)</u>
Total increase (decrease) in net assets	\$ <u>(52,242)</u>	\$ <u>106,130</u>	\$ <u>574,040</u>	\$ <u>(803,373)</u>

During 2012, Easter Seals NH sold six properties related to the closure of these programs, which resulted in gains on the sale of property of \$2,019,909 for the year ended August 31, 2012.

14. Concentrations

Easter Seals NH maintains its cash and cash equivalents in bank deposit accounts which, at times, may exceed federally insured limits. As of August 31, 2012 and 2011, approximately \$4,264,000 and \$4,649,000, respectively, of cash and cash equivalents (including cash and cash equivalents classified within assets limited as to use) exceeded federally insured limits and were uncollateralized. Easter Seals NH has not experienced any losses in such accounts, and management believes Easter Seals NH is not exposed to any significant credit risk on cash and cash equivalents.

OTHER FINANCIAL INFORMATION

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

August 31, 2012

ASSETS

	* New Hampshire	Vermont	Maine	Rhode Island	Harbor Schools, Inc.	Connecticut	New York	Elimi- nations	Total
Current assets:									
Cash and cash equivalents	\$ 3,261,116	\$ 1,500	\$ 400	\$ 500	\$ -	\$ 217,128	\$ 921,543	\$ -	\$ 4,402,187
Accounts receivable from affiliates	7,589,576	1,223,181	-	-	-	-	441,980	(8,812,757)	441,980
Program and other accounts receivable, net	6,205,477	307,858	140,420	140,702	2,655	213,524	2,310,934	-	9,321,570
Contributions receivable, net	184,118	250	4,242	8,642	-	10,160	284,317	-	491,729
Assets limited as to use	273,761	-	-	-	-	184,244	-	-	458,005
Prepaid expenses and other current assets	796,271	12,698	20,780	11,863	17,625	56,849	388,087	-	1,304,173
Total current assets	18,310,319	1,545,487	165,842	161,707	20,280	681,905	4,346,861	(8,812,757)	16,419,644
Assets limited as to use, net of current portion	1,167,789	-	-	-	-	3,849,984	-	-	5,017,773
Fixed assets, net	17,149,053	1,621	9,272	14,324	140,666	2,061,397	5,756,148	-	25,132,481
Property held for sale	-	-	-	-	910,171	-	-	-	910,171
Bond issuance costs, net	68,363	-	-	-	-	-	186,027	-	254,390
Investments, at fair value	10,609,510	-	-	-	47,189	1,526,328	822,730	-	13,005,757
Beneficial interest in trusts held by others and other assets	992,034	-	-	34,488	-	4,999,548	593,941	-	6,620,011
	\$48,297,068	\$1,547,108	\$ 175,114	\$ 210,519	\$1,118,306	\$13,119,162	\$11,705,707	\$ (8,812,757)	\$67,360,227

LIABILITIES AND NET ASSETS

	* New Hampshire	Vermont	Maine	Rhode Island	Harbor Schools, Inc.	Connecticut	New York	Elimi- nations	Total
Current liabilities:									
Lines of credit	\$ -	\$ -	\$ -	\$ -	\$ 451,302	\$ 406,653	\$ 1,124,649	\$ -	\$ 1,982,604
Accounts payable	1,646,794	9,093	476	4,154	236,194	43,982	690,242	-	2,630,935
Accrued expenses	3,200,668	6,041	20,936	7,584	95,290	142,447	889,226	-	4,362,192
Accounts payable to affiliates	4,867,724	-	2,386,803	25,941	31,094	476,403	1,024,792	(8,812,757)	-
Rate reserves	-	-	-	-	-	-	435,008	-	435,008
Current portion of deferred revenue	1,469,308	21,337	19,644	450	-	190,312	56,232	-	1,757,283
Current portion of interest swap agreements	545,538	-	-	-	-	41,541	147,391	-	734,470
Current portion of long-term debt	478,544	-	-	-	-	114,000	154,172	-	746,716
Total current liabilities	12,208,576	36,471	2,427,859	38,129	813,880	1,415,338	4,521,712	(8,812,757)	12,649,208
Deferred revenue, net of current portion	-	-	-	-	-	-	-	-	3,778,487
Other liabilities	1,168,659	-	-	-	-	3,778,487	-	-	1,168,659
Interest rate swap agreements, less current portion	3,435,046	-	-	-	-	56,467	909,995	-	4,401,508
Long-term debt, less current portion	15,328,214	-	-	-	-	2,470,000	5,125,720	-	22,923,934
Total liabilities	32,140,495	36,471	2,427,859	38,129	813,880	7,720,292	10,557,427	(8,812,757)	44,921,796
Net assets (deficit):									
Unrestricted	11,322,701	1,510,638	(2,255,245)	132,103	251,319	399,323	576,920	-	11,937,759
Temporarily restricted	483,752	(1)	2,500	5,799	29,281	-	77,419	-	598,750
Permanently restricted	4,350,120	-	-	34,488	23,826	4,999,547	493,941	-	9,901,922
Total net assets (deficit)	16,156,573	1,510,637	(2,252,745)	172,390	304,426	5,398,870	1,148,280	-	22,438,431
	<u>\$48,297,068</u>	<u>\$1,547,108</u>	<u>\$ 175,114</u>	<u>\$ 210,519</u>	<u>\$1,118,306</u>	<u>\$13,119,162</u>	<u>\$11,705,707</u>	<u>\$ (8,812,757)</u>	<u>\$67,360,227</u>

* Includes Agency Realty, Inc., Special Transit Service, Inc., Webster Place, Inc. and Manchester Alcoholism Rehabilitation Center

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATING STATEMENT OF FINANCIAL POSITION

August 31, 2011

ASSETS

	* New Hampshire	Vermont	Maine	Rhode Island	Harbor Schools, Inc.	Connecticut	New York	Elimi- nations	Total
Current assets:									
Cash and cash equivalents	\$ 3,758,483	\$ 1,500	\$ 400	\$ 500	\$ 195,687	\$ 213,022	\$ 847,937	\$ —	\$ 5,017,529
Accounts receivable from affiliates	6,371,496	1,382,637	—	11,668	—	—	223,162	(7,765,801)	223,162
Program and other accounts receivable, net	6,132,042	354,512	235,206	136,609	638,847	87,380	2,642,287	—	10,226,883
Contributions receivable, net	172,251	168	8,475	21,138	—	10,010	107,669	—	319,711
Assets limited as to use	258,750	—	—	—	—	583,394	—	—	842,144
Prepaid expenses and other current assets	565,858	10,506	12,086	10,241	31,713	49,440	394,522	—	1,074,366
Total current assets	17,258,880	1,749,323	256,167	180,156	866,247	943,246	4,215,577	(7,765,801)	17,703,795
Assets limited as to use, net of current portion	1,151,396	—	—	—	—	3,867,560	780,510	—	5,799,466
Fixed assets, net	16,203,318	3,534	10,071	5,475	1,333,667	2,212,022	5,600,777	—	25,368,864
Property held for sale	—	—	—	—	505,256	—	—	—	505,256
Bond issuance costs, net	71,435	—	—	—	26,781	—	192,592	—	290,808
Investments, at fair value	9,617,520	—	—	—	44,952	1,373,232	776,071	—	11,811,775
Beneficial interest in trusts held by others and other assets	68,636	—	—	35,124	—	4,689,148	459,809	—	5,252,717
	<u>\$44,371,185</u>	<u>\$1,752,857</u>	<u>\$ 266,238</u>	<u>\$220,755</u>	<u>\$2,776,903</u>	<u>\$13,085,208</u>	<u>\$12,025,336</u>	<u>\$(7,765,801)</u>	<u>\$66,732,681</u>

LIABILITIES AND NET ASSETS

	* New Hampshire	Vermont	Maine	Rhode Island	Harbor Schools, Inc.	Connecticut	New York	Elimi- nations	Total
Current liabilities:									
Lines of credit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 302,944	\$ 345,519	\$ -	\$ 648,463
Accounts payable	2,188,006	10,744	25,637	8,205	225,192	40,647	1,114,956	-	3,613,387
Accrued expenses	2,439,416	29,465	16,284	14,930	242,333	239,747	749,082	-	3,731,257
Accounts payable to affiliates	4,541,209	-	2,184,565	-	563,959	46,554	744,071	(7,765,801)	314,557
Rate reserves	-	-	-	-	-	-	1,091,579	-	1,091,579
Current portion of deferred revenue	420,748	55,480	15,341	25,000	222,230	545,969	90,086	-	1,374,854
Current portion of interest swap agreements	499,719	-	-	-	63,001	17,031	146,332	-	726,083
Current portion of long-term debt	409,212	-	-	-	140,101	114,000	111,578	-	774,891
Total current liabilities	10,498,310	95,689	2,241,827	48,135	1,456,816	1,306,892	4,393,203	(7,765,801)	12,275,071
Deferred revenue, net of current portion	-	-	-	-	-	3,867,560	-	-	3,867,560
Other liabilities	1,151,944	-	-	-	-	-	-	-	1,151,944
Interest rate swap agreements, less current portion	2,541,022	-	-	-	104,862	100,067	569,411	-	3,315,362
Long-term debt, less current portion	15,182,008	-	-	-	1,484,839	2,584,000	5,279,894	-	24,530,741
Total liabilities	29,373,284	95,689	2,241,827	48,135	3,046,517	7,858,519	10,242,508	(7,765,801)	45,140,678
Net assets:									
Unrestricted	10,274,993	1,654,883	(1,980,471)	137,496	(320,485)	537,542	1,199,693	-	11,503,651
Temporarily restricted	436,789	2,285	4,882	-	27,045	-	123,326	-	594,327
Permanently restricted	4,286,119	-	-	35,124	23,826	4,689,147	459,809	-	9,494,025
Total net assets (deficit)	14,997,901	1,657,168	(1,975,589)	172,620	(269,614)	5,226,689	1,782,828	-	21,592,003
	\$44,371,185	\$1,752,857	\$ 266,238	\$ 220,755	\$2,776,903	\$13,085,208	\$12,025,336	\$ (7,765,801)	\$66,732,681

* Includes Agency Realty, Inc., Special Transit Service, Inc., and Manchester Alcoholism Rehabilitation Center

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATING STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year Ended August 31, 2012

	* New Hampshire	Vermont	Maine	Rhode Island	Harbor Schools, Inc.	Connecticut	New York	Elimi- nations	Total
Public support and revenue:									
Public support:									
Contributions	\$ 1,156,204	\$ 1,724	\$ 32,327	\$ 20,558	\$ -	\$ 38,367	\$ 713,660	\$ -	\$ 1,962,840
Special events, net	334,262	2,290	50,586	100,824	-	60,337	637,478	-	1,185,777
Annual campaigns, net	407,951	4,795	21,089	33,306	-	10,830	-	-	477,971
Bequests	(3,000)	-	-	-	-	8,761	122,000	-	127,761
Total public support	1,895,417	8,809	104,002	154,688	-	118,295	1,473,138	-	3,754,349
Revenue:									
Fees and grants from governmental agencies	38,080,929	2,551,544	1,360,880	996,191	-	768,513	20,611,277	(12,840)	64,356,494
Other fees and grants	20,545,703	561,452	15,351	68,030	-	25,818	5,567,285	-	26,783,639
Sales to public	4,057,412	-	-	-	-	-	-	-	4,057,412
Dividend and interest income	322,079	-	-	1,413	-	308,690	51,918	-	684,100
Rental income	320	-	-	-	-	-	140,053	-	140,373
Intercompany revenue	1,933,277	-	-	-	-	-	18,388	(1,951,665)	-
Other	141,239	14,553	1,075	3,170	-	428,169	54,056	-	642,262
Total revenue	65,080,959	3,127,549	1,377,306	1,068,804	-	1,531,190	26,442,977	(1,964,505)	96,664,280
Total public support and revenue	66,976,376	3,136,358	1,481,308	1,223,492	-	1,649,485	27,916,115	(1,964,505)	100,418,629
Operating expenses:									
Program services:									
Public health education	264,402	1,099	2,195	4,160	-	-	323,778	-	595,634
Professional education	22,251	-	-	-	-	-	-	-	22,251
Direct services	56,877,121	2,829,132	1,517,264	980,690	-	1,463,963	25,003,349	(256,172)	88,415,347
Total program services	57,163,774	2,830,231	1,519,459	984,850	-	1,463,963	25,327,127	(256,172)	89,033,232

	* New Hampshire	Vermont	Maine	Rhode Island	Harbor Schools, Inc.	Connecticut	New York	Elimi- nations	Total
Supporting services:									
Management and general	\$ 7,553,872	\$ 259,458	\$ 146,294	\$ 101,051	\$ -	\$ 172,564	\$ 2,175,566	\$ (1,708,333)	\$ 8,700,472
Fundraising	<u>712,742</u>	<u>24,527</u>	<u>92,116</u>	<u>133,417</u>	-	<u>265,115</u>	<u>654,438</u>	-	<u>1,882,355</u>
Total supporting services	<u>8,266,614</u>	<u>283,985</u>	<u>238,410</u>	<u>234,468</u>	-	<u>437,679</u>	<u>2,830,004</u>	<u>(1,708,333)</u>	<u>10,582,827</u>
Total functional expenses	65,430,388	3,114,216	1,757,869	1,219,318	-	1,901,642	28,157,131	(1,964,505)	99,616,059
Support of National programs	<u>25,325</u>	-	<u>595</u>	<u>3,768</u>	-	<u>5,943</u>	<u>99,256</u>	-	<u>134,887</u>
Total operating expenses	<u>65,455,713</u>	<u>3,114,216</u>	<u>1,758,464</u>	<u>1,223,086</u>	-	<u>1,907,585</u>	<u>28,256,387</u>	<u>(1,964,505)</u>	<u>99,750,946</u>
Increase (decrease) in net assets from operations	1,520,663	22,142	(277,156)	406	-	(258,100)	(340,272)	-	667,683
Other nonoperating expenses, gains and losses:									
Change in fair value of interest rate swaps	(939,843)	-	-	-	-	19,090	(341,643)	-	(1,262,396)
Net realized and unrealized gains on investments	456,206	-	-	-	-	100,791	12,330	-	569,327
Increase (decrease) in fair value of beneficial interest in trust held by others	1,678	-	-	(636)	-	310,400	34,132	-	345,574
Gain on sales and disposals of property, plant and equipment	<u>3,537</u>	-	-	-	-	-	<u>905</u>	-	<u>4,442</u>
	<u>(478,422)</u>	-	-	<u>(636)</u>	-	<u>430,281</u>	<u>(294,276)</u>	-	<u>(343,053)</u>
Increase (decrease) in net assets before effects of discontinued operations	1,042,241	22,142	(277,156)	(230)	-	172,181	(634,548)	-	324,630
Gain (loss) from discontinued operations	<u>116,431</u>	<u>(168,673)</u>	-	-	<u>574,040</u>	-	-	-	<u>521,798</u>
Total increase (decrease) in net assets	1,158,672	(146,531)	(277,156)	(230)	574,040	172,181	(634,548)	-	846,428
Net assets (deficit) at beginning of year	<u>14,997,901</u>	<u>1,657,168</u>	<u>(1,975,589)</u>	<u>172,620</u>	<u>(269,614)</u>	<u>5,226,689</u>	<u>1,782,828</u>	-	<u>21,592,003</u>
Net assets (deficit) at end of year	<u>\$ 16,156,573</u>	<u>\$ 1,510,637</u>	<u>\$ (2,252,745)</u>	<u>\$ 172,390</u>	<u>\$ 304,426</u>	<u>\$ 5,398,870</u>	<u>\$ 1,148,280</u>	<u>\$ -</u>	<u>\$ 22,438,431</u>

* Includes Agency Realty, Inc., Special Transit Service, Inc., Webster Place Inc., and Manchester Alcoholism Rehabilitation Center

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATING STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

Year Ended August 31, 2011

	* New Hampshire	Vermont	Maine	Rhode Island	Harbor Schools, Inc.	Connecticut	New York	Elimi- nations	Total
Public support and revenue:									
Public support:									
Contributions	\$ 824,244	\$ 7,317	\$ 36,918	\$ 24,109	\$ -	\$ 71,360	\$ 477,590	\$ -	\$ 1,441,538
Special events, net	312,172	13,188	56,893	80,422	-	4,748	719,251	-	1,186,674
Annual campaigns, net	454,178	13,607	26,232	28,398	-	7,787	-	-	530,202
Bequests	32,446	-	-	-	-	10,000	31,087	-	73,533
Total public support	1,623,040	34,112	120,043	132,929	-	93,895	1,227,928	-	3,231,947
Revenue:									
Fees and grants from governmental agencies	36,500,304	2,256,303	1,361,672	885,469	-	744,644	15,117,126	-	56,865,518
Other fees and grants	21,823,453	601,541	20,500	102,142	-	18,495	7,131,922	-	29,698,053
Start-up programs	-	-	-	-	-	-	161,178	-	161,178
Sales to public	3,617,280	-	-	-	-	-	-	(7,114)	3,610,166
Dividend and interest income	259,210	-	1	1,547	-	302,738	59,425	-	622,921
Rental income	-	-	-	-	-	-	141,855	-	141,855
Intercompany revenue	2,077,234	-	-	-	-	-	-	(2,077,234)	-
Other	194,039	9,373	4,976	250	-	268,584	66,211	(625)	542,808
Total revenue	64,471,520	2,867,217	1,387,149	989,408	-	1,334,461	22,677,717	(2,084,973)	91,642,499
Total public support and revenue	66,094,560	2,901,329	1,507,192	1,122,337	-	1,428,356	23,905,645	(2,084,973)	94,874,446
Operating expenses:									
Program services:									
Public health education	277,510	-	1,069	1,461	-	-	342,355	-	622,395
Professional education	22,136	-	-	-	-	-	-	-	22,136
Program start-up	-	-	-	-	-	-	595,904	-	595,904
Direct services	55,481,073	2,609,075	1,462,529	871,968	-	1,372,947	20,680,425	(232,359)	82,245,658
Total program services	55,780,719	2,609,075	1,463,598	873,429	-	1,372,947	21,618,684	(232,359)	83,486,093

	* New Hampshire	Vermont	Maine	Rhode Island	Harbor Schools, Inc.	Connecticut	New York	Elimi- nations	Total
Supporting services:									
Management and general	\$ 7,678,677	\$ 336,385	\$ 174,608	\$ 90,372	\$ —	\$ 271,894	\$ 1,887,022	\$ (1,852,614)	\$ 8,586,344
Fundraising	<u>754,830</u>	<u>34,769</u>	<u>129,734</u>	<u>98,071</u>	<u>—</u>	<u>128,365</u>	<u>708,217</u>	<u>—</u>	<u>1,853,986</u>
Total supporting services	<u>8,433,507</u>	<u>371,154</u>	<u>304,342</u>	<u>188,443</u>	<u>—</u>	<u>400,259</u>	<u>2,595,239</u>	<u>(1,852,614)</u>	<u>10,440,330</u>
Total functional expenses	64,214,226	2,980,229	1,767,940	1,061,872	—	1,773,206	24,213,923	(2,084,973)	93,926,423
Support of National programs	<u>25,325</u>	<u>—</u>	<u>595</u>	<u>435</u>	<u>—</u>	<u>5,487</u>	<u>91,309</u>	<u>—</u>	<u>123,151</u>
Total operating expenses	<u>64,239,551</u>	<u>2,980,229</u>	<u>1,768,535</u>	<u>1,062,307</u>	<u>—</u>	<u>1,778,693</u>	<u>24,305,232</u>	<u>(2,084,973)</u>	<u>94,049,574</u>
Increase (decrease) in net assets from operations	1,855,009	(78,900)	(261,343)	60,030	—	(350,337)	(399,587)	—	824,872
Other nonoperating expenses, gains and losses:									
Change in fair value of interest rate swaps	139,733	—	—	—	—	(117,098)	(715,743)	—	(693,108)
Net realized and unrealized gains (losses) on investments	<u>877,877</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>76,781</u>	<u>(11,820)</u>	<u>—</u>	<u>942,838</u>
Increase in fair value of beneficial interest in trust held by others	2,862	—	—	2,627	—	264,288	22,987	—	292,764
Gain (loss) on sales and disposals of property, plant and equipment	<u>7,977</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>209,578</u>	<u>(17,278)</u>	<u>—</u>	<u>200,277</u>
	<u>1,028,449</u>	<u>—</u>	<u>—</u>	<u>2,627</u>	<u>—</u>	<u>433,549</u>	<u>(721,854)</u>	<u>—</u>	<u>742,771</u>
Increase (decrease) in net assets before effects of discontinued operations (Loss) gain from discontinued operations	<u>2,883,458</u> <u>(667)</u>	<u>(78,900)</u> <u>106,797</u>	<u>(261,343)</u> <u>—</u>	<u>62,657</u> <u>—</u>	<u>—</u> <u>(803,373)</u>	<u>83,212</u> <u>—</u>	<u>(1,121,441)</u> <u>—</u>	<u>—</u> <u>—</u>	<u>1,567,643</u> <u>(697,243)</u>
Total increase (decrease) in net assets	2,882,791	27,897	(261,343)	62,657	(803,373)	83,212	(1,121,441)	—	870,400
Net assets (deficit) at beginning of year	<u>12,115,110</u>	<u>1,629,271</u>	<u>(1,714,246)</u>	<u>109,963</u>	<u>533,759</u>	<u>5,143,477</u>	<u>2,904,269</u>	<u>—</u>	<u>20,721,603</u>
Net assets (deficit) at end of year	<u>\$ 14,997,901</u>	<u>\$ 1,657,168</u>	<u>\$ (1,975,589)</u>	<u>\$ 172,620</u>	<u>\$ (269,614)</u>	<u>\$ 5,226,689</u>	<u>\$ 1,782,828</u>	<u>\$ —</u>	<u>\$ 21,592,003</u>

* Includes Agency Realty, Inc., Special Transit Service, Inc., and Manchester Alcoholism Rehabilitation Center

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATING STATEMENT OF FUNCTIONAL EXPENSES

Year Ended August 31, 2012

	* New Hampshire	Vermont	Maine	Rhode Island	Harbor Schools, Inc.	Connecticut	New York	Elimi- nations	Total
Salaries and related expenses	\$ 47,705,820	\$ 2,331,243	\$ 1,410,730	\$ 887,734	\$ -	\$ 983,598	\$ 20,516,610	\$ -	\$ 73,835,735
Professional fees	7,204,274	418,106	117,769	159,033	-	229,769	3,717,969	(1,951,665)	9,895,255
Supplies	1,833,802	15,939	21,141	7,528	-	83,189	807,263	-	2,768,862
Telephone	658,624	18,761	8,140	6,753	-	23,356	141,152	-	856,786
Postage and shipping	93,400	1,684	3,375	1,912	-	3,904	31,459	-	135,734
Occupancy	2,129,899	64,424	159,367	82,431	-	153,235	1,523,589	-	4,112,945
Outside printing, artwork and media	76,600	2,871	5,210	6,094	-	4,745	25,631	-	121,151
Travel	2,262,922	104,480	16,297	39,640	-	25,752	256,872	-	2,705,963
Conventions and meetings	221,002	34,900	3,954	2,011	-	10,432	123,088	-	395,387
Specific assistance to individuals	654,429	107,006	120	-	-	-	165,496	(12,840)	914,211
Dues and subscriptions	24,855	200	535	573	-	350	18,869	-	45,382
Minor equipment purchases and equipment rental	545,315	11,639	6,373	21,414	-	27,109	83,587	-	695,437
Ads, fees and miscellaneous	27,547	1,165	2,123	143	-	29,194	(3,112)	-	57,060
Interest	794,332	-	-	-	-	132,478	296,755	-	1,223,565
Bad debt provision	27,075	-	-	1,925	-	2,600	14,744	-	46,344
Depreciation and amortization	1,170,492	1,798	2,735	2,127	-	191,931	437,159	-	1,806,242
	<u>\$ 65,430,388</u>	<u>\$ 3,114,216</u>	<u>\$ 1,757,869</u>	<u>\$ 1,219,318</u>	<u>\$ -</u>	<u>\$ 1,901,642</u>	<u>\$ 28,157,131</u>	<u>\$ (1,964,505)</u>	<u>\$ 99,616,059</u>

* Includes Agency Realty, Inc., Special Transit Service, Inc., Webster Place Inc., and Manchester Alcoholism Rehabilitation Center

EASTER SEALS NEW HAMPSHIRE, INC. AND SUBSIDIARIES

CONSOLIDATING STATEMENT OF FUNCTIONAL EXPENSES

Year Ended August 31, 2011

	* New Hampshire	Vermont	Maine	Rhode Island	Harbor Schools, Inc.	Connecticut	New York	Elimi- nations	Total
Salaries and related expenses	\$ 45,570,108	\$ 2,121,498	\$ 1,379,430	\$ 748,750	\$ -	\$ 731,224	\$ 17,687,457	\$ -	\$ 68,238,467
Professional fees	7,905,517	456,288	176,987	157,886	-	333,347	3,374,764	(2,077,859)	10,326,930
Supplies	1,844,237	19,635	25,596	22,499	-	77,577	674,979	-	2,664,523
Telephone	595,244	18,928	6,736	5,399	-	37,196	117,410	-	780,913
Postage and shipping	97,433	1,446	3,955	2,792	-	3,696	42,362	-	151,684
Occupancy	2,010,147	61,158	151,816	64,283	-	228,987	1,325,452	-	3,841,843
Outside printing, artwork and media	102,428	3,779	3,481	6,659	-	6,189	37,539	-	160,075
Travel	2,134,911	106,763	17,079	36,079	-	24,994	227,086	(7,114)	2,539,798
Conventions and meetings	274,534	34,976	3,146	8,820	-	4,757	217,978	-	544,211
Specific assistance to individuals	718,567	130,056	106	34	-	-	97,037	-	945,800
Dues and subscriptions	18,919	384	2,021	881	-	3,806	6,906	-	32,917
Minor equipment purchases and equipment rental	445,737	21,030	15,224	22,282	-	10,068	110,291	-	624,632
Ads, fees and miscellaneous	104,477	1,885	2,628	563	-	1,623	34,829	-	146,005
Interest	793,231	-	-	-	-	115,089	60,343	-	968,663
Bad debt provision	383,584	(2)	(26,362)	(18,108)	-	58	(19,000)	-	320,170
Depreciation and amortization	1,215,152	2,405	6,097	3,053	-	194,595	218,490	-	1,639,792
	<u>\$ 64,214,226</u>	<u>\$ 2,980,229</u>	<u>\$ 1,767,940</u>	<u>\$ 1,061,872</u>	<u>\$ -</u>	<u>\$ 1,773,206</u>	<u>\$ 24,213,923</u>	<u>\$ (2,084,973)</u>	<u>\$ 93,926,423</u>

* Includes Agency Realty, Inc., Special Transit Service, Inc., and Manchester Alcoholism Rehabilitation Center



Mission:

Easter Seals provides exceptional services to ensure that all people with disabilities or special needs and their families have equal opportunities to live, learn, work and play in their communities.

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03/14/13

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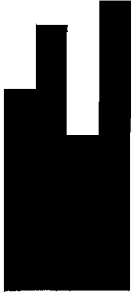


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Easter Seals New Hampshire, Inc.

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Larry Gammon	President/CEO	\$352,452	0%	\$ 0
Elin Treanor	CFO	\$240,000	0%	\$ 0
Tina Sharby	Chief Human Resources Officer	\$140,000	0%	\$ 0
Susan Silsby	Senior VP Program Services	\$141,000	0%	\$ 0

25
12/3/2013

Jasmine L. Harris

Experience

Easter Seals NH, 2011-Present

Information and Referral Specialist

- In NH's largest county, connect consumers to local resources, perform case management and federal Medicare counseling
- Edit annual publication of Seniors Count Resource Guide
- Agency representative at municipal Weed and Seed steering committee

Southern NH Services, 2002-2010

Resource Associate

- Performed public relations functions; wrote department descriptions for agency's annual report and website
- Performed accounts payable/receivable functions
- Organized annual kick-off event for low-income youth featuring Senator Shaheen and Manchester Millrats

Clinic Technician

- Distributed federal food benefits to clients in high volume, fast paced environment

Site Supervisor

- Supervised staff and ensured smooth delivery of USDA youth meals at outdoor sites
- Maintained records of meal disbursement and performed site reviews per federal requirements

Education

University of New Hampshire-Manchester

BA, Communication Arts

- Internship, ROCK101WGIR; station promotion, organize and distribute listener prizes, AM news production, update events page, write ticket proposals
- 1st place Video Award, Undergraduate Research Conference

MARY FRANCES SCHOENLEY

Objective: Seeking a client advocate /social service position working with the adult and elder population.

EXPERIENCE

9/05 -- to current: Target

Human Resources/Cash office/Guest Services/Comparative Shopper: Auditing of money into payroll accounting system. Assist HR Executive with personnel scheduling and data management of weekly schedule. Data and record management in compliance with NH Labor Department Regulations. Assist guests with purchases, returns, concerns and complaints following Target policies. Onsite monitoring of competitors pricing units.

12/2003 – 8/2005: Green briar Terrace Healthcare

Director – Social Service Department: Managed the Social Service Department supporting a 240-bed long-term care and 60-bed skilled/rehab facility managing a staff of three social workers. Responsibilities included supervision, directing social service activities, staffing and department planning and budgeting. Provided auditing and reporting resource in support of Performance Improvement initiatives; Scheduled and coordinated monthly Care Plan meetings with interdisciplinary team, residents, and family members; acted as internal resident advocate supporting psychosocial and social service needs of residents and rehab patients. Assist with out-reach and community service coordination for rehabilitative patients upon discharge. Maintain an active social service caseload from 80 to 240 beds dependent upon staffing availability.

12/2001-12/2003: BAE Systems

Data Manager: Responsible for maintaining internal and deliverable documentation for five projects within a major Department of Defense program environment. Prepared and maintained document delivery schedules and administered data review processes through in-depth editing of documents to ensure compliance with contractual requirements. Maintained electronic databases, shared areas, and data file repositories. Interfaced directly with Government customer representatives and provided routine status and process briefings as required. (Top Secret Security Clearance)

10/1991 – 11/2001: Department of Health and Human Services (State of New Hampshire) -- Manchester District Office:

- **Social Worker/Case Manager HCBC-ECI (Division of Elderly and Adult Services):** Facilitated and managed implementation of Federal programs including Title XX (Block Grants) and Home and Community Based (HCBC-ECI) Program. Provided direct client/family support through home visits and/or phone calls. Coordinated and arranged in-home community services through development of case plan with client and family members to aid client retention of independence. Monitored Provider services and performed quality review of community services. Maintained client case records/care plans. Investigated Protective incident reports in accordance with program guidelines and ensured documentation compliance with requirements.
- **Assessment Supervisor/Social Worker/Case Manager (Division of Children, Youth and Families):** Supervised 6 assessment workers. Monitored all protective service affairs of the District Office. Assigned cases; performed annual personnel reviews; reviewed required case documentation prior to filing with District Court; provided documentation/case status reports. Maintained group budget and monitored expenditures for assessment group. Managed on-going caseloads for clients of DCYF; developed case plans for resolution of situational conflicts; performed family status reviews, and coordinated services as required; prepared court required documentation in accordance with governing requirements; and worked with interdisciplinary teams to resolve family issues.

EDUCATION

Master of Business Administration (Health Care Administration), Rivier College, January 2002

Bachelor of Arts (Psychology), University of New Hampshire, 1977)

Post Bachelors Certificate Program courses (Health Administration/Planning), University of New Hampshire, 1986-88

Lynn Eaton

Administrative professional with strong interpersonal, marketing, communication, customer service, and organizational skills with a keen ability to multi-task a variety of challenges and responsibilities.

Skills:

Ms Word, MS Excel, QuickBooks, Ms PowerPoint, Outlook

Proficient in Internet Research, Interdepartmental Coordination, Customer Service, Planning and Scheduling, Written Communication, Purchasing, and Transcription.

Employment History:

Bentley Commons at Bedford

9/2012 - Present

Director of Community Relations

- Marketing the community to referral sources and the healthcare companies in the area. Sales and lead generation through networking, trade shows and event planning.
- Development and implementation of advertising and promotional materials
- Establish relationship with prospects and prospects' family members, give tours of the community, process admissions
- Liaison for residents and their families for issues and concerns
- Supervision of part time marketing assistant

Bentley Commons at Bedford,

5/2010 -- 8/2012

Admissions Coordinator:

- . Coordination of admission process
- . Liaison with residents, families, physicians and home care providers
- . Support to Director of Community Relations including trade shows, networking and in-house events.
- . Update and maintain social media sites
- . Copywriting for press releases, advertising, marketing literature
- . Sales and lead generation

Easter Seals of NH

2006 -- 5/2010

Office Manager, Caring Companions Program, Human Resources Assistant, Direct Support Assoc.

- . Payroll processing for over 200 employees
- . Administrative duties to support Director, Program Manager and Assistant Program Managers including written, electronic communication and fulfilling and maintaining company policies and procedures.
- . Liaison with employees and consumers
- . Scheduling meetings, employee work schedules
- . Greet and escort visitors, consumers, employees and families

Appletree Business Services

1986 - 2006

Office Manager

- . Payroll processing
- . Accounts Receivable and Accounts Payable

- . Office and Client Bookkeeping
- . Bank Reconciliation
- . Benefits Administration

Memberships and Recognitions:

Caring Companions Advisory Board Member, 2008 - 2010

Ghostlight Theater Advisory Board Member 2000 - 2002

Majestic Theater Advisory Board Member, 2002 – 2005

Lasell Chair Recipient

Graduated second in class, first in major

References available upon request

Andrea L. Jaeger

EDUCATION

Coastal Carolina University
Bachelor of Science, Health Promotion, Spanish Minor

Conway, SC
August 2007 - May 2011

ACHIEVEMENTS

- Induction into Delta Zeta chapter of Eta Sigma Gamma National Honor Society for Health Education October 27, 2010
- Certified Medicare Counselor awarded by the State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol Program (SMP) March 2012
- Certified Information and Referral Specialist for Aging (CIRS-A) awarded by the Alliance of Information and Referral Systems (AIRS) May 2013

PRE-PROFESSIONAL EXPERIENCE

Coastal Carolina University
Grant Assistant

Conway, SC
November 2010 - May 2011

Grant Assistant work completed at Coastal Carolina University; a Communities Putting Prevention to Work (CPPW) Grant recipient in 2010.

- Acted as a resource person to Coastal Carolina University students, faculty, and staff providing information about tobacco, cigarettes, second hand smoke, and cessation.
- Collected signatures to petition for a new smoke free policy for the Coastal Carolina University campus.
- Co-created a survey for Coastal Carolina University students to determine the desire for a smoke free campus.
- Created a new smoke free policy for the Coastal Carolina University campus.
- Advocated for a new smoke free policy for Coastal Carolina University campus to the Student Government Association.

Smoke Free Horry
Intern Grant Activities

Conway, SC
January 2011 - April 2011

Internship completed at Smoke Free Horry; a Communities Putting Prevention to Work Grant (CPPW) recipient in 2010.

- Managed the Horry County Rage Against the Haze youth group.
- Planned the Horry County Rage Against the Haze youth group's activities, events, and meetings.
- Coordinated the Smoke Free Horry and Rage Against the Haze involvement at the FAME Festival
- Acted as a resource person to the community providing information about tobacco, cigarettes, second hand smoke, and cessation.
- Advocated for ordinance adoption to make all work places, bars, and restaurants smoke free in Horry County.
- Office work ie: answering phones, sending emails, ordering supplies, typing meeting minutes

WORK EXPERIENCE

ServiceLink Aging and Disability Resource Center
Medicare Specialist

Nashua, NH
December 2011 - Present

- Provide comprehensive information and referral to clients, providers, and health care agencies about social services within the community
- Provide in depth Medicare counseling to adults with disabilities and seniors to help them understand Medicare benefits and coverage options
- Educate beneficiaries on Medicare fraud prevention
- Dispute Medicare claims
- Provide application assistance to qualifying low income individuals for premium payment assistance for Medicare part B and D
- Enroll beneficiaries into Medicare Advantage Plans and part D prescription plans
- Complete Medicare presentations to beneficiaries and the community

- Plan and implement community outreach events
- Maintain and purchase Medicare literature

ServiceLink
Information and Referral Specialist

Manchester
 September 2011 - December 2011

- Provided comprehensive information and referral to clients, providers, and health care agencies about social services within the community
- Provided application assistance to clients for various community programs
- Created and fostered relationships with clients and community partners
- Triage incoming calls to Medicare specialist, Caregiver specialist, and Long term support counselors
- Worked outreach events
- Managed brochures and education materials
- Created survey labels using Microsoft Access

Sand Dune Resort and Spa
Amenities Concierge

Myrtle Beach, SC
 May 2011 - September 2011

- Provided information to guests about all hotel amenities
- Answered all guest inquiries
- Reserved seats for guests on adventure bus
- Scheduled guests' children for kids club activities

Polo Ralph Lauren
Sales Associate

Myrtle Beach, SC
 August 2008 - December 2010

- Provided excellent customer service
- Helped with opening and closing procedures
- Trained new employees
- Designed clothing displays

PERSONAL ATTRIBUTES

- Excellent communication skills
- Excellent leadership skills
- Excellent team building skills
- Excellent interpersonal skills
- Excellent problem solving skills
- Excellent public speaking and presentation skills

SKILLS

- Working knowledge of Spanish
- Working knowledge of Microsoft Office Works/ Word, Access, Excel, Publisher, and Power Point
- Professional training in coalition building, advocacy, and lobbying
- Educational training in planning, implementing, and evaluating programs
- Educational training in grant writing

Colleen McLoughlin Murphy

Full-time positions

October 1995 – January 1998 **Executive Assistant** **McKinsey & Co.** **Boston, MA**

Responsibilities included, but not limited to:

- Travel planning for two Partners
- Preparation of bills and billing letters to Partners' specifications consistent with office/accounting guidelines
- Preparation of time and expense reports for Partners' including specific day location information
- Assisted in support of firm-wide Health Care Conference in New York, NY and the Women's Conference in Garden City, NY
- Composing correspondence and memorandums

June 1988 – July 1995 **Administrative Assistant** **Tishman Realty Co.** **New York, NY**

Responsibilities included, but not limited to:

- Supported two Senior Vice Presidents and one First Vice President
- Coordination of international and domestic group travel arrangements for both clients and internal personnel
- Coordination of project meeting at main office and satellite offices including Puerto Rico, Warsaw and Vienna
- Tracking vacation and sick time for staff of twenty-five
- Layout, quality control and production of large proposals, coordinating input from several sources, checking for consistency in text, pagination, font style and size.

January 1988 – May 1988 **Scheduling and Data Entry – Radiology Department** **Beth Israel Medical Center** **New York, NY**

Supervision and direct responsibility for all functions of scheduling office staff, providing service seven days per week; dispatch desk receptionist, and data entry staff. Duties included issuance of disciplinary warnings and actions; terminations, when necessary; completion of biweekly payroll sheets; interviewing of all potential employees; and completion of probationary and annual performance evaluations.

January 1985 – December 1987 **Assistant Manager/Scheduling Manager** **Corporate Health Examiners** **New York, NY**

Scheduled client diagnostic medical exams and pre-employment physicals for the employees of 1,300 corporations, unions and other organizations. Identified problems with client programs for corrective action. Corrected and approved final daily schedule. Arranged special handling and VIP cases.

Colleen McLoughlin Murphy

Resume/ Page 2

Volunteer Positions

1999 - 2000	<i>Transporter</i>	Derry Caregivers	Derry, NH
2003; 2005	<i>Classroom Assistant</i>	Moose Hill Kindergarten	Londonderry, NH
2004; 2006; 2007	<i>Classroom Assistant</i>	North School	Londonderry, NH

Education

BS, Biology Fairfield University Fairfield, CT

OBJECTIVE To utilize my skills and knowledge to benefit your organization by assisting in meeting your goals and objectives.

Expertise and knowledge:

Case Management / Advocacy / Counseling / Facilitator / Long Term Care Services / Elder Services / Planning & Scheduling / Community Relations / Policy Design / Training & Education / Performance Analysis / Organizational Planning / Project Management / Operations

EXPERIENCE

ServiceLink

Manchester NH

2011-Current **Long Term Support Options Counselor**

- Provides comprehensive needs assessments through Options Counseling via home visits, community or office appointments.
- Provide clinical eligibility counseling and financial pre-screening for state and federal programs.
- Develop preliminary care planning, long term support counseling, conduct research and provide follow up.
- Provide public education and outreach to community.
- Certified Information & Referral Specialist for Aging (CIRS-A)
- Certified counselor for State Health Insurance Assistance Program (SHIP)

NH Department of Health and Human Services

Concord, NH

1987-2009 - **Program Specialist/ Bureau of Elderly and Adult Services/Financial Management Unit**

- Senior member of team that successfully developed, negotiated, analyzed, and processed 85 social service proposals/contracts.
- Designed and improved operational tools for monitoring and reporting on contract terms and performance requirements. Monitored, analyzed, and evaluated contract performance standards/measures and utilization.
- Supported Budget and Spending Plan process, provided contract utilization, costs, and assessment of needs of elderly and disabled adults to ensure the availability of home and community based services.
- Trained, mentored, and worked with staff and community providers to implement and improve the contract process to assure the delivery of social services within required and defined contract rules, guidelines, and timelines.

1982-1987- **Social Worker/Case manager**

Manchester, NH

- Investigated, assessed and analyzed physical, psychological and social factors of adults to determine if they were subject to abuse and/or neglect, self-neglect and exploitation.
- Provided case management, counseling, and advocacy services for elderly and disabled adults, founded cases of abuse, or neglect, self neglect and exploitation, and for participants in the home and community based waiver program now known as Choices for Independence.

1977-1982 -**Social Worker/ Work Incentive Program and Continuing Education Program** Manchester, NH

- Partnered with the Department of Labor to provide participants of Aid to Families with Dependent Children, with job search training skills and provided educational guidance for those entering college or vocational training.
- Coordinated with local colleges, employers, government agencies, training programs, and community services to provide services that met each participant's desires and needs that would result in the goal of long-term financial independence.
- Provided research, analysis, and planning that resulted in funding for a Study Skills Course and supported the implementation of a local one-year college degree in social studies.

EDUCATION

B.A. Dual Majors: Social Work and History – University of New Hampshire, Durham, NH

12 Credits MSW – University of Connecticut, Storrs, Ct.

12 Credits MBA – Plymouth State College, Plymouth, NH

HIGHLIGHTS OF QUALIFICATIONS

- Extensive experience in geriatrics
- Sharp, innovative, quick learner; proven ability to adapt to challenging situations.
- Business acumen with background in the health care industry.
- Exceptional problem solving abilities; well developed communication skills.
- Strong, yet flexible management style

PROFESSIONAL EXPERIENCE

Management and Program Coordination

- Managed intake and admission processes.
- Responsible for day-to-day operations of multiple Adult Day Programs.
- Responsible for hiring, terminating, supervising and scheduling staff.
- Designed and presented educational programs in senior care issues, memory disorders, advance directives, placement options, caregiver issues.
- Developed and facilitated community caregiver support and education groups
- Managed operations of community relations department, including program and market assessment, service development and community visibility.
- Coordinated and implemented administrative systems incorporating quality improvement techniques.
- Successfully managed departmental budgets, achieving program goals and objectives while under budget.

Marketing and Planning/Business Assessment

- Designed and implemented satisfaction surveys for patients, families, staff and physicians, provided analysis and recommendations for improvement.
- Coordinated and implemented startup operations.
- Analyzed demographic data and researched market conditions/projections to establish optimal marketing activities.
- Conducted needs assessment of potential inpatient and outpatient services incorporating demographic and market share data, competition, profitability and insurance reimbursement.

Public Relations, Communication, Media

- Served as liaison to patients, families, staff, physicians, media and community.
- Designed and wrote brochures, newsletters, press releases and advertisements.
- Organized, wrote and received multiple grants.
- Organized facility special events and fund-raisers.
- Developed public image of health care facility, geropsychiatric program and senior programs.

Laurie J. Duff

EMPLOYMENT HISTORY

2012-present	Director of Senior Services	Easter Seals NH
2010-present	Director of Caring Companions	Easter Seals NH
2002-2010	Project Director, Special Projects	Easter Seals NH
1997-2002	Coordinator of Adult Day Svs.	Easter Seals NH
1995-1997	Community Development	Easter Seals NH
1992-1995	Director, Community Relations	Horizon Mental Health Management
1990-1992	Director of Social Services	Villa Crest Nsg. & Retirement Center
1988-1990	Social Service Coordinator	McKerley Health Care Center

EDUCATION

M.B.A., NH College Graduate School of Business, 3.8 Magna cum Laude, 1996

Advanced Graduate Certificate- Health Care Administration,

NH College School of Business, 4.0 Magna cum Laude, 1996

Bachelor of Social Work, Baylor University, 3.5 cum Laude, 1988

FORMER/CURRENT LEADERSHIP APPOINTMENTS

Manchester Regional Area Committee on Aging, Secretary
NH Adult Day Services Association, President
Rockingham VNA & Hospice, Executive Vice President/Board of Directors
NH Senior Companions Advisory Council, Vice Chairperson
Rockingham County Advisory Committee of Aging, Secretary
NH Caregiver Support Group Facilitator
NH Health Care Association, Public Affairs, Chairperson
NH Alzheimer's Association, Public Relations Committee
The Inn at Deerfield, Board of Directors

Margaret "Peggy" Teravainen

EDUCATION

Springfield College	1999 – 2001
Graduate School of Human Services	Master of Science, Human Services
Manchester, NH	Emphasis: Advanced Generalist
	G.P.A. 4.0
College Misericordia	1971 – 1975
Dallas, Pa.	Bachelor of Music

PROFESSIONAL EXPERIENCE

ServiceLink Resource Center of Hillsborough County

Long Term Care Supports Counselor February 2008 – Present

- Job duties include: Counseling to Seniors, Caregivers of Seniors or family members with disabilities, People with Disabilities, the community and peer professionals concerning long term care options available by private pay and/or public benefit programs such as Medicaid for Old Age Assistance, Aid to the Permanently and Totally Disabled, Aid to the Needy Blind and available resources; assistance to Seniors and Individuals with Disabilities in applying for benefits; advisement on available private and community resources and programs; assistance and/or advisement with Medicare benefits; outreach activities to promote ServiceLink to professional and municipal organizations, peer professionals and the community; Information and Referral activities.
- Certification in Medicare Counseling activities;
- Certification in Information and Referral – Aging (AIRS-A).
- Caregiver Support Speaker Series and ongoing Caregiver Support Group.

Granite State Independent Living

Benefits Planning Specialist/Senior CWIC January, 2002 – July 2007

- Job duties include: outreach, assistance and advocacy to agencies, professionals and individuals in order to provide information and assistance in managing and accessing Social Security benefits in conjunction with local and state benefits and resources, utilizing work incentives and assisting individuals and peer professionals in understanding the impact of income -- earned and unearned -- upon federal and state benefit programs, including Medicare, Medicaid, APTD, TANF, Housing Choice Vouchers, SSI, SSDI and survivorship benefits; marketing and developing collaborative relationships with peers and professionals (One Stop Partners, Area Agencies, Community Mental Health Centers, etc.) on behalf of clients; development and identification of local and state resources.
- As a Senior CWIC, job duties were expanded to assist in supervision of CWICs in technical communications with consumers and professional presentation activities as well as act on behalf of the Program Manager in her absence.

- Successful grant writing for 3 year funding from SSA for the 'Work Incentives, Planning and Assistance' program; participant in other grant development activities.
- Certified by Cornell University, The New York State School of Industrial and Labor Relations, for Benefits Planning Assistance and Outreach; Benefits Planning for the Dollars and Sense project "Financing with Finesse" in Manchester-area; participation in the national Medicaid Desk Reference Project; participation in state Medicare Savings Program project; participation in state taskforce study on disability and homelessness issues; participation in the 'Earned Income Tax Credit' through UNH Cooperative.
- Co-creator and presenter in creation of pilot workshop series for professionals, educators and parents of students with disabilities on Transition; Created numerous power point presentations on topical subjects on public assistance benefits and work incentives; presenter for workshops for parents, students and professionals on SSA, Medicaid, Medicare, state and local benefits and related topics of interest.
- Participant in initiatives in marketing GSIL through various Medias (cable access television programming, marketing materials and handouts). development of proposals for fee for service to Vocational Rehabilitation, Veterans Administration, Department of Education and school districts.
- Participant in GSIL "Leadership Circle" in the areas of state advocacy activities and internal activities for fellow employees. Participation in legislative advocacy and activities through research and testimony.
- Member of the "National Association of Benefits and Work Incentive Specialists Association" since inception of this organization in 2007.

Other Qualifications

Member of the "National Association of Benefits and Work Incentive Specialists" Association. Graphics arts presentation and personal computer skills including Power point presentations, Word, Excel. Digital photography and editing. Valid NH driver's license. Basic Spanish language skills. Notary Public.

Michelle T. Magarian

OBJECTIVE:

To secure a position in the field of Human Service. Interested in services provided to youths, families, seniors and individuals with disabilities.

EDUCATION:

2003-2004 Springfield College of Human Services

Bachelors Degree, Major: Human Services GPA 3.7

✦ Areas included but were not limited to, counseling and behavioral health.

2000-2003 New Hampshire Technical Institute

Associates Degree, Major: Human Services GPA 3.6

✦ Areas included but were not limited to, psychology, human growth and development, counseling and behavioral health.

1989-2004 **Department of Nursing**

Licensed Nursing Assistant

SKILLS AND KNOWLEDGE:

✦ Proficient computer skills utilizing Microsoft Office 2000; Excel, Word and Power Point

✦ Project Development: including implementation and coordination and testing of effectiveness

✦ Writing: Work plans, correspondence, and evaluations

✦ Member of Phi-Theta Kappa

✦ Certificate of Appreciation for Medicare Part D

VOLUNTEER EXPERIENCE:

Certified Health Insurance Counseling Education and Assistance Services

Volunteer, (SHIP), educated Medicare Beneficiaries, caregivers and individuals with disabilities to make informed decisions in their health care options.

Developed, designed and tested new materials to be utilized in the field.

EXPERIENCE:

February 2007 to Present, Program Specialist, *ServiceLink Resource Center*, where I educate Medicare beneficiaries, caregivers and individuals with disabilities to make informed decisions in their health care options. I work closely with the Center of Medicare and Medicaid Services to insure that the beneficiaries and their families are aware of their benefits and how to utilize the services available. I currently oversee 3 volunteers, 5 in-kind volunteers and 5 staff members of ServiceLink to insure that they are up to date with all of the current information surrounding Medicare policies and procedures.

I also work closely with the Bureau of Elderly and Adult Services to assist individuals who are in need of education surrounding the issue of caregiver services while caring for their loved one.

February 2006 to February 2007, Medical Services Technician, *Department of Health and Human Services, Medicaid Client Services*, where I assist individual who are on either Medicaid or Healthy Kids Gold locate providers that participate in the program for both medical and dental services. I also assist individuals who need assistance with the eligibility of benefits and how benefits are processed and paid for services rendered. I work closely with the supervisors in order to ensure that the individuals throughout the state of New Hampshire are getting that assistance that is needed with there health and dental insurance.

December 2002 to Present, Vice President, *Twisted Fender Collision Center, Inc.*, where I insure that the customers and insurance agencies are getting the work completed on their vehicle to their satisfaction. I work closely with the president on budgeting and overseeing the employees of the collision center.

June 2003 to December 2004, Information and Referral Specialist, *NH Helpline*, where I provided information to individuals who were inquiring about the different possibilities that surrounds the basic needs of Human Services. I worked closely with a vast amount of agencies through out the state: such as Rape and Domestic Violence, Division of Child, Youth and Family Services, Homeless Outreach and Medicare/Medicaid.

May 2001 to January 2003

June 1988 to January 2000

Licensed Nursing Assistant and Activities Assistant, *Hillsborough County Nursing Home*, Which I worked with residents to provide activities of daily living. I worked closely with the rehabilitation department to provide the residents with a vast amount of activities that were being conducted at the facility.

REFERENCE:

Christine Lizotte, 603-670-5672
mail address: 603-670-5672

Teresa Lombardi, 603-670-5672
mail address: 603-670-5672

Yvonne Lemay, 603-670-5672
mail address: 603-670-5672 e-mail

Professional capable of immediate impact on an organization with respect to team process management, coordination and program planning in support of organizations' mission, vision and goals, operations and administration.

Summary of Qualifications

Bachelor of Science Degree in Health Management and Policy, with experience in communications, budget analysis, staff development and supervision. Effective supervisor with a track record for bringing teams together to work more effectively, while increasing operational efficiency. Highly motivated to learn new skills and then immediately apply knowledge to move organization forward. Demonstrated ability to connect with all levels of an organization, to lead, motivate and inspire others.

Expertise and knowledge in areas such as:

- Excel/Word/Access/PowerPoint	- Performance Analysis	- Health Data Research Analysis
- Budget Planning/Forecasting	- Team Building	- State Regulations
- Program Management	- Staff Supervision	- Government Policies

Professional Experience

SERVICELINK RESOURCE CENTER, Hillsborough County, NH
Center Manager – Nashua and Manchester, NH sites (January 2010 –Present)

Responsible for overall site operations and team process management, including performance measurements, training and or coordinating training for all staff.

- Manage subcontracts, public education and outreach, community and provider relations, program review and quality oversight.
- Accountability to Advisory Board, Fiscal Agent and the Bureau of Elderly and Adult Services - ServiceLink Resource Center Program.

American Training Inc.

Day Habilitation Program Director – Lowell, MA

April 2009-October 2009

- Directed all aspects of agency's day program including day habilitation, supported employment and community employment.
- Ensure program compliance with state, federal and organizational guidelines.
- Responsible for budget planning and monitoring, staff supervision, development and maintenance, program development, relationship maintenance and cultivation with stakeholders.
- Provided oversight to allied health consultants; occupational and physical therapists, as well as registered nurses.
- Represent American Training Inc., on it's Executive Team, Interdisciplinary Team and Clinical Team

Easter Seals North Texas

CLASS Case Manager, Fort Worth, TX

November 2008-April 2009

- Provide case management to a minimum of 40 clients with disabilities.
- Assist with budgeting and planning.
- Empower clients by providing information and resources so that they can make informed decisions.

- Advocate for clients as indicated.

Easter Seals, NH

April 2009 - Present

Residential Unit Supervisor, Manchester, NH

April 2005 – December 2008

- Provide management and supervision to residential instructors and teaching assistants.
- Schedule and maintain staffing as required by state regulations.
- Implement and support treatment team plans for mentally and behaviorally challenged adolescents.

GEORGES DJANABIA

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Tri-City Mental Health

Patient Advocate, Lowell, MA

February 2003 – December 2003

- Manage care, learning and function of behaviorally and mentally challenged adults.
- Plan and implement day to day activities and integration of adults into their community.

Education

Bachelor of Science Degree in Health Management and Policy, University of New Hampshire, Durham, NH

Volunteer Experience

University of New Hampshire
Men's Basketball Team, Durham, NH

2004 - 2007

Easter Seals Recreation
Youth Basketball Coach, Manchester, NH

2006 - Present

Athletes in Action
Christian Athletes Group, Cape Town, South Africa

1998 - 1999

Bakken Bears Basketball Club
Youth Basketball Coach, Aarhus, Denmark

2000 – 2001

Language Skills

Fluent in French
Conversant in Danish
Conversant in German

Subject: New Hampshire ServiceLink Resource Centers Program**AGREEMENT**

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Grafton County Senior Citizens Council, Inc.		1.4 Contractor Address 10 Campbell Street PO Box 433 Lebanon, NH 03766	
1.5 Contractor Phone Number (603) 448-4897	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$460,601.
1.9 Contracting Officer for State Agency <i>Mary Magguncalda</i>		1.10 State Agency Telephone Number <i>603-271-9096</i>	
1.11 Contractor Signature <i>Roberta J. Berner</i>		1.12 Name and Title of Contractor Signatory <i>Roberta J. Berner Executive Director</i>	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Grafton</u> On <u>12-4-13</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]		<i>Victoria Weeks</i> VICTORIA M. WEEKS NOTARY PUBLIC STATE OF NEW HAMPSHIRE My commission expires June 19, 2018	
1.13.2 Name and Title of Notary or Justice of the Peace <i>Victoria Weeks, Notary</i>			
1.14 State Agency Signature <i>Sheri L. Rockburn</i>		1.15 Name and Title of State Agency Signatory <i>Sheri L. Rockburn Acting Associate Commissioner</i>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <i>Rosemary L. L...</i> On: <i>12-4-13</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.

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

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

7. PERSONNEL.

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

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

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Grafton County and the towns of Grantham and Plainfield in Sullivan County.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs

4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and

4.1.1.3. A feedback loop to modify activities as needed.

4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.

4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.

4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.

4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:

4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and

4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



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- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

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- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
- 4.3.1. Intake and Screening
- 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
- 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
- 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
- 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
- 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
- 4.3.3. Tracking Eligibility Status
- 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

- Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
- The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
- Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



Exhibit A

- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs.

Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



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4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
- 4.6.2. Family caregivers of frail older adults;
- 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
- 4.6.4. Older caregivers of individuals with disabilities; and
- 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



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- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phones numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



Exhibit A

- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

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6. Quality Assurance and Continuous Quality Improvement
- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
- 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
- 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
- Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
- 6.5.3. The Department's current hardware standards are as follows:
- Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.

6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:

1. Number of individuals served
2. Number of repeat visits by individuals
3. Type of information/referral given to individuals
4. Type of follow up performed
5. Frequency of follow ups
6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
7. The number of individuals diverted from nursing home/institutional settings;
8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



Exhibit A

7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source.

There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



Exhibit A

Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



Exhibit A

Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determine future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

- 8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.3. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.3.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
- Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
- The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

Assess the ethnic/cultural needs, resources and assets of their community.

Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment. When feasible and appropriate, provide clients of minimal English skills with interpretation services.

Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
Financial Manager
Bureau of Elderly and Adult Services
Department of Health and Human Services



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

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

Bidder/Program Name: GCSCC/SLRC Grafton

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Incremental	Fixed	Total
1. Total Salary/Wages	\$ 6,716.84	\$ 554.43	\$ 7,271.27	-	-	\$ -	\$ 6,716.84	\$ 554.43	\$ 7,271.27
2. Employee Benefits	\$ 1,544.87	\$ 127.52	\$ 1,672.39	-	\$ 127.52	\$ 127.52	\$ 1,544.87	-	\$ 1,544.87
3. Consultants	\$ -	\$ 7.00	\$ 7.00	-	\$ 7.00	\$ 7.00	-	-	-
4. Equipment	\$ -	-	-	-	-	-	-	-	-
5. Rental	\$ 13.00	\$ 4.00	\$ 17.00	-	\$ 4.00	\$ 4.00	\$ 13.00	-	\$ 13.00
6. Repair and Maintenance	\$ 36.00	\$ 3.00	\$ 39.00	-	\$ 3.00	\$ 3.00	\$ 36.00	-	\$ 36.00
7. Purchase/Depreciation	-	\$ 46.00	\$ 46.00	-	\$ 46.00	\$ 46.00	-	-	-
8. Supplies	-	-	-	-	-	-	-	-	-
9. Educational	-	-	-	-	-	-	-	-	-
10. Lab	-	-	-	-	-	-	-	-	-
11. Pharmacy	-	-	-	-	-	-	-	-	-
12. Medical	-	-	-	-	-	-	-	-	-
13. Office	\$ 83.00	\$ 15.00	\$ 98.00	-	\$ 15.00	\$ 15.00	\$ 83.00	-	\$ 83.00
14. Travel	\$ 300.00	\$ 6.00	\$ 306.00	-	\$ 6.00	\$ 6.00	\$ 300.00	-	\$ 300.00
15. Occupancy	\$ 473.00	\$ 15.00	\$ 488.00	\$ 473.00	\$ 15.00	\$ 488.00	-	-	-
16. Current Expenses	-	-	-	-	-	-	-	-	-
17. Telephone	\$ 72.00	\$ 1.00	\$ 73.00	-	\$ 1.00	\$ 1.00	\$ 72.00	-	\$ 72.00
18. Postage	\$ 32.00	\$ 10.00	\$ 42.00	-	\$ 10.00	\$ 10.00	\$ 32.00	-	\$ 32.00
19. Subscriptions	\$ 19.00	\$ 4.00	\$ 23.00	\$ 16.73	\$ 4.00	\$ 20.73	\$ 2.27	-	\$ 2.27
20. Audit and Legal	\$ 28.00	\$ 3.00	\$ 31.00	-	\$ 3.00	\$ 3.00	\$ 28.00	-	\$ 28.00
21. Insurance	\$ 55.00	\$ 14.00	\$ 69.00	-	\$ 14.00	\$ 14.00	\$ 55.00	-	\$ 55.00
22. Board Expenses	-	-	-	-	-	-	-	-	-
23. Software	-	\$ 27.00	\$ 27.00	-	\$ 27.00	\$ 27.00	-	-	-
24. Marketing/Communications	-	\$ 2.00	\$ 2.00	-	\$ 2.00	\$ 2.00	-	-	-
25. Staff Education and Training	-	\$ 1.00	\$ 1.00	-	\$ 1.00	\$ 1.00	-	-	-
26. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
27. Other (specific details mandatory):	-	-	-	-	-	-	-	-	-
28. Website Maintenance	\$ 7.00	\$ 8.00	\$ 15.00	-	\$ 8.00	\$ 8.00	\$ 7.00	-	\$ 7.00
29. Staff Recruitment/Payroll Expense	\$ 58.00	\$ 14.00	\$ 72.00	\$ 28.00	\$ 14.00	\$ 42.00	\$ 30.00	-	\$ 30.00
30. Volunteer Recognition	\$ 12.00	-	\$ 12.00	-	-	\$ -	\$ 12.00	-	\$ 12.00
TOTAL	\$ 9,457.71	\$ 861.95	\$ 10,319.66	\$ 515.73	\$ 307.52	\$ 823.25	\$ 8,941.98	\$ 554.43	\$ 9,496.41
Indirect As A Percent of Direct		8.1%			59.6%			6.2%	

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

Bidder/Program Name: GCSCC/SLRC Grafton

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 49,724.74	\$ 6,162.62	\$ 55,887.36	-	-	-	\$ 49,724.74	\$ 6,162.62	\$ 55,887.36
2. Employee Benefits	\$ 11,436.69	\$ 1,417.40	\$ 12,854.09	-	-	-	\$ 11,436.69	\$ 1,417.40	\$ 12,854.09
3. Consultants	-	\$ 83.00	\$ 83.00	-	-	-	-	\$ 83.00	\$ 83.00
4. Equipment:	-	-	-	-	-	-	-	-	-
Rental	\$ 150.00	\$ 43.00	\$ 202.00	-	-	-	\$ 150.00	\$ 43.00	\$ 202.00
Repair and Maintenance	\$ 423.00	\$ 33.00	\$ 456.00	-	-	-	\$ 423.00	\$ 33.00	\$ 456.00
Purchase/Depreciation	\$ 4,400.00	\$ 506.00	\$ 4,906.00	-	-	-	\$ 4,400.00	\$ 506.00	\$ 4,906.00
5. Supplies:	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Office	-	-	-	-	-	-	-	-	-
6. Travel	\$ 2,283.00	\$ 160.00	\$ 2,443.00	-	-	-	\$ 2,283.00	\$ 160.00	\$ 2,443.00
7. Occupancy	\$ 3,225.00	\$ 69.00	\$ 3,294.00	-	-	-	\$ 3,225.00	\$ 69.00	\$ 3,294.00
8. Current Expenses	\$ 9,556.00	\$ 161.00	\$ 9,717.00	-	-	-	\$ 9,556.00	\$ 161.00	\$ 9,717.00
Telephone	\$ 850.00	\$ 7.00	\$ 857.00	-	-	-	\$ 850.00	\$ 7.00	\$ 857.00
Postage	\$ 379.00	\$ 111.00	\$ 490.00	-	-	-	\$ 379.00	\$ 111.00	\$ 490.00
Subscriptions	\$ 218.00	\$ 45.00	\$ 263.00	-	-	-	\$ 218.00	\$ 45.00	\$ 263.00
Audit and Legal	\$ 323.00	\$ 31.00	\$ 354.00	-	-	-	\$ 323.00	\$ 31.00	\$ 354.00
Insurance	\$ 619.00	\$ 161.00	\$ 780.00	-	-	-	\$ 619.00	\$ 161.00	\$ 780.00
Board Expenses	-	-	-	-	-	-	-	-	-
9. Software	\$ 10,160.57	\$ 297.00	\$ 10,457.57	-	-	-	\$ 10,160.57	\$ 297.00	\$ 10,457.57
10. Marketing/Communications	\$ 21.00	\$ 9.00	\$ 30.00	-	-	-	\$ 21.00	\$ 9.00	\$ 30.00
11. Staff Education and Training	\$ 900.00	\$ 9.00	\$ 909.00	-	-	-	\$ 900.00	\$ 9.00	\$ 909.00
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (specific details mandatory):	-	-	-	-	-	-	-	-	-
Website Maintenance	\$ 76.00	\$ 90.00	\$ 166.00	-	-	-	\$ 76.00	\$ 90.00	\$ 166.00
Staff Recruitment/Payroll Expense	\$ 646.00	\$ 158.00	\$ 804.00	-	-	-	\$ 646.00	\$ 158.00	\$ 804.00
Volunteer Recognition	\$ 163.00	\$ 163.00	\$ 326.00	-	-	-	\$ 163.00	\$ 163.00	\$ 326.00
TOTAL	\$ 95,542.00	\$ 9,565.02	\$ 105,107.02	-	-	-	\$ 95,542.00	\$ 9,565.02	\$ 105,107.02
Indirect As A Percent of Direct		10.0%			#DIV/0!			10.0%	

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

Bidder/Program Name: GCSCC/SIRC Grafton

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Incremental	Fixed	Total
1. Total Salary/Wages	\$ 13,691.86	\$ 1,310.16	\$ 15,002.02	-	\$ -	\$ -	\$ 13,691.86	\$ 1,310.16	\$ 15,002.02
2. Employee Benefits	\$ 3,149.13	\$ 301.34	\$ 3,450.47	-	\$ -	\$ -	\$ 3,149.13	\$ 301.34	\$ 3,450.47
3. Consultants	\$ -	\$ 18.00	\$ 18.00	-	\$ -	\$ -	\$ -	\$ 18.00	\$ 18.00
4. Equipment:	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 34.00	\$ 9.00	\$ 43.00	-	\$ -	\$ -	\$ 34.00	\$ 9.00	\$ 43.00
Repair and Maintenance	\$ 90.00	\$ 7.00	\$ 97.00	-	\$ -	\$ -	\$ 90.00	\$ 7.00	\$ 97.00
Purchase/Depreciation	\$ -	\$ 108.00	\$ 108.00	-	\$ -	\$ -	\$ -	\$ 108.00	\$ 108.00
5. Supplies:	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 230.00	\$ 34.00	\$ 264.00	-	\$ -	\$ -	\$ 230.00	\$ 34.00	\$ 264.00
6. Travel	\$ 750.00	\$ 15.00	\$ 765.00	-	\$ -	\$ -	\$ 750.00	\$ 15.00	\$ 765.00
7. Occupancy	\$ 1,424.00	\$ 34.00	\$ 1,458.00	-	\$ -	\$ -	\$ 1,424.00	\$ 34.00	\$ 1,458.00
8. Current Expenses	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 181.00	\$ 1.00	\$ 182.00	-	\$ -	\$ -	\$ 181.00	\$ 1.00	\$ 182.00
Postage	\$ 81.00	\$ 24.00	\$ 105.00	-	\$ -	\$ -	\$ 81.00	\$ 24.00	\$ 105.00
Subscriptions	\$ 47.00	\$ 9.00	\$ 56.00	-	\$ -	\$ -	\$ 47.00	\$ 9.00	\$ 56.00
Audit and Legal	\$ 69.00	\$ 7.00	\$ 76.00	-	\$ -	\$ -	\$ 69.00	\$ 7.00	\$ 76.00
Insurance	\$ 132.00	\$ 34.00	\$ 166.00	-	\$ -	\$ -	\$ 132.00	\$ 34.00	\$ 166.00
Board Expenses	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ 63.00	\$ 63.00	-	\$ -	\$ -	\$ -	\$ 63.00	\$ 63.00
10. Marketing/Communications	\$ 364.00	\$ 4.00	\$ 368.00	-	\$ -	\$ -	\$ 364.00	\$ 4.00	\$ 368.00
11. Staff Education and Training	\$ -	\$ 2.00	\$ 2.00	-	\$ -	\$ -	\$ -	\$ 2.00	\$ 2.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	-	\$ -	\$ -	\$ -	\$ -	\$ -
Website Maintenance	\$ 16.00	\$ -	\$ 16.00	-	\$ -	\$ -	\$ 16.00	\$ -	\$ 16.00
Staff Recruitment/Payroll Expense	\$ 140.00	\$ 34.00	\$ 174.00	-	\$ -	\$ -	\$ 140.00	\$ 34.00	\$ 174.00
Volunteer Recognition	\$ 34.00	\$ -	\$ 34.00	-	\$ -	\$ -	\$ 34.00	\$ -	\$ 34.00
TOTAL	\$ 20,432.99	\$ 2,014.50	\$ 22,447.49	-	\$ -	\$ -	\$ 20,432.99	\$ 2,014.50	\$ 22,447.49

Indirect As A Percent of Direct

9.9%

#DIV/0!

9.9%

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

Bidder/Program Name: GCSCC/SLRC Grafton

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Incremental	Fixed	Total
1. Total Salary/Wages	\$ 8,182.72	\$ 739.18	\$ 8,921.90	-	-	-	\$ 8,182.72	\$ 739.18	\$ 8,921.90
2. Employee Benefits	\$ 1,882.03	\$ 170.00	\$ 2,052.03	-	\$ 170.00	\$ 170.00	\$ 1,882.03	-	\$ 1,882.03
3. Consultants	-	\$ 10.00	\$ 10.00	-	\$ 10.00	\$ 10.00	-	-	-
4. Equipment:	-	-	-	-	-	-	-	-	-
Rental	\$ 20.00	\$ 5.00	\$ 25.00	\$ 20.00	\$ 5.00	\$ 25.00	-	-	-
Repair and Maintenance	\$ 54.00	\$ 4.00	\$ 58.00	\$ 40.26	\$ 4.00	\$ 44.26	\$ 13.74	-	\$ 13.74
Purchase/Depreciation	-	-	\$ 61.00	-	\$ 61.00	\$ 61.00	-	-	-
5. Supplies:	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-
Office	\$ 139.00	-	\$ 139.00	\$ 139.00	-	\$ 139.00	-	-	-
6. Travel	\$ 450.00	\$ 8.00	\$ 458.00	\$ 450.00	\$ 8.00	\$ 458.00	-	-	-
7. Occupancy	\$ 918.00	\$ 19.00	\$ 937.00	\$ 918.00	\$ 19.00	\$ 937.00	-	-	-
8. Current Expenses	-	-	-	-	-	-	-	-	-
Telephone	\$ 109.00	\$ 1.00	\$ 110.00	-	\$ 1.00	\$ 1.00	\$ 109.00	-	\$ 109.00
Postage	\$ 48.00	\$ 13.00	\$ 61.00	-	\$ 13.00	\$ 13.00	\$ 48.00	-	\$ 48.00
Subscriptions	\$ 28.00	\$ 33.00	\$ 61.00	-	\$ 33.00	\$ 33.00	\$ 28.00	-	\$ 28.00
Audit and Legal	\$ 41.00	\$ 4.00	\$ 45.00	-	\$ 4.00	\$ 4.00	\$ 41.00	-	\$ 41.00
Insurance	\$ 79.00	\$ 19.00	\$ 98.00	\$ 79.00	\$ 19.00	\$ 98.00	-	-	-
Board Expenses	-	-	-	-	-	-	-	-	-
9. Software	-	\$ 35.00	\$ 35.00	-	\$ 35.00	\$ 35.00	-	-	-
10. Marketing/Communications	-	\$ 2.00	\$ 2.00	-	\$ 2.00	\$ 2.00	-	-	-
11. Staff Education and Training	-	\$ 1.00	\$ 1.00	-	\$ 1.00	\$ 1.00	-	-	-
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (specific details mandatory):	-	-	-	-	-	-	-	-	-
Website Maintenance	\$ 9.00	\$ 11.00	\$ 20.00	-	\$ 11.00	\$ 11.00	\$ 9.00	-	\$ 9.00
Staff Recruitment/Payroll Expense	\$ 78.00	\$ 19.00	\$ 97.00	\$ 78.00	\$ 19.00	\$ 97.00	-	-	-
Volunteer Recognition	\$ 20.00	-	\$ 20.00	\$ 20.00	-	\$ 20.00	-	-	-
TOTAL	\$ 12,057.75	\$ 1,145.18	\$ 13,202.93	\$ 1,744.26	\$ 406.00	\$ 2,150.26	\$ 10,313.49	\$ 739.18	\$ 11,052.67
Indirect As A Percent of Direct		9.5%			23.5%			7.2%	

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

Bidder/Program Name: GCSCC/SLRC Grafton

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS			Contract Share Total
	Direct	Indirect	Total	Direct	Indirect	Total	Incremental	Fixed	Indirect	Total
1. Total Salary/Wages	\$ 5,574.79	\$ 605.73	\$ 6,180.52	-	-	-	\$ 5,574.79	\$ 605.73	-	\$ 6,180.52
2. Employee Benefits	\$ 1,282.20	\$ 139.32	\$ 1,421.52	-	-	-	\$ 1,282.20	\$ 139.32	-	\$ 1,421.52
3. Consultants	\$ -	\$ 8.00	\$ 8.00	-	-	-	-	\$ 8.00	-	\$ 8.00
4. Equipment:	\$ -	\$ -	\$ -	-	-	-	-	-	-	-
Rental	\$ 15.00	\$ 4.00	\$ 19.00	\$ 15.00	-	\$ 15.00	-	-	\$ 4.00	\$ 4.00
Repair and Maintenance	\$ 40.00	\$ 3.00	\$ 43.00	\$ 40.00	\$ 3.00	\$ 43.00	-	-	-	-
Purchase/Depreciation	\$ -	\$ 50.00	\$ 50.00	-	\$ 50.00	\$ 50.00	-	-	-	-
5. Supplies:	\$ -	\$ -	\$ -	-	-	-	-	-	-	-
Educational	\$ -	\$ -	\$ -	-	-	-	-	-	-	-
Lab	\$ -	\$ -	\$ -	-	-	-	-	-	-	-
Pharmacy	\$ -	\$ -	\$ -	-	-	-	-	-	-	-
Medical	\$ -	\$ -	\$ -	-	-	-	-	-	-	-
Office	\$ 104.00	\$ 18.00	\$ 122.00	\$ 104.00	-	\$ 104.00	-	-	-	\$ 18.00
6. Travel	\$ 625.00	\$ 7.00	\$ 632.00	-	-	-	\$ 625.00	\$ 7.00	-	\$ 632.00
7. Occupancy	\$ 566.00	\$ 16.00	\$ 582.00	-	-	-	\$ 566.00	\$ 16.00	-	\$ 582.00
8. Current Expenses	\$ -	\$ -	\$ -	-	-	-	-	-	-	-
Telephone	\$ 83.00	\$ 1.00	\$ 84.00	\$ 83.00	\$ 1.00	\$ 84.00	-	-	-	-
Postage	\$ 40.00	\$ 11.00	\$ 51.00	-	-	-	\$ 40.00	\$ 11.00	-	\$ 51.00
Subscriptions	\$ 21.00	\$ 4.00	\$ 25.00	\$ 21.00	\$ 4.00	\$ 25.00	-	-	-	-
Audit and Legal	\$ 31.00	\$ 3.00	\$ 34.00	-	-	-	\$ 31.00	\$ 3.00	-	\$ 34.00
Insurance	\$ 151.00	\$ 16.00	\$ 167.00	-	-	-	\$ 151.00	\$ 16.00	-	\$ 167.00
Board Expenses	\$ -	\$ -	\$ -	-	-	-	-	-	-	-
9. Software	\$ 1,154.00	\$ 2.00	\$ 1,156.00	\$ 1,154.00	\$ 2.00	\$ 1,156.00	-	-	-	\$ 29.00
10. Marketing/Communications	\$ 200.00	\$ 1.00	\$ 201.00	-	-	-	\$ 200.00	\$ 1.00	-	\$ 201.00
11. Staff Education and Training	\$ -	\$ -	\$ -	-	-	-	-	-	-	-
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	-	-	-	-	-	-	-
13. Other (specific details mandatory):	\$ 9.00	\$ 9.00	\$ 18.00	-	-	-	\$ 9.00	\$ 9.00	-	\$ 18.00
Website Maintenance	\$ 78.00	\$ 16.00	\$ 94.00	-	-	-	\$ 78.00	\$ 16.00	-	\$ 94.00
Staff Recruitment/Payroll Expense	\$ 20.00	\$ -	\$ 20.00	-	-	-	\$ 20.00	\$ -	-	\$ 20.00
Volunteer Recognition	\$ -	\$ -	\$ -	-	-	-	-	-	-	-
TOTAL	\$ 9,993.99	\$ 943.05	\$ 10,937.04	\$ 1,417.00	\$ 60.00	\$ 1,477.00	\$ 8,576.99	\$ 883.05	\$ 10.3%	\$ 9,660.04
Indirect As A Percent of Direct					4.2%					

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

Bidder/Program Name: GCSCC/SLRC Grafton

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 13,701.48	\$ 1,272.95	\$ 14,974.43	\$ -	\$ -	\$ -	\$ 13,701.48	\$ 1,272.95	\$ 14,974.43
2. Employee Benefits	\$ 3,151.34	\$ 292.78	\$ 3,444.12	\$ -	\$ 292.78	\$ 292.78	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ 17.00	\$ 17.00	\$ -	\$ 17.00	\$ 17.00	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 31.00	\$ 9.00	\$ 40.00	\$ -	\$ 9.00	\$ 9.00	\$ 31.00	\$ -	\$ 31.00
6. Repair and Maintenance	\$ 21.00	\$ 7.00	\$ 28.00	\$ -	\$ 7.00	\$ 7.00	\$ 21.00	\$ -	\$ 21.00
7. Purchase/Depreciation	\$ -	\$ 105.00	\$ 105.00	\$ -	\$ 105.00	\$ 105.00	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 330.00	\$ 33.00	\$ 363.00	\$ -	\$ 33.00	\$ 33.00	\$ -	\$ -	\$ -
14. Travel	\$ 1,222.00	\$ 14.00	\$ 1,236.00	\$ -	\$ 14.00	\$ 14.00	\$ 1,222.00	\$ -	\$ 1,222.00
15. Occupancy	\$ 1,401.00	\$ 33.00	\$ 1,434.00	\$ -	\$ 33.00	\$ 33.00	\$ 668.00	\$ -	\$ 668.00
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 170.00	\$ 1.00	\$ 171.00	\$ -	\$ 1.00	\$ 1.00	\$ 170.00	\$ -	\$ 170.00
18. Postage	\$ 76.00	\$ 23.00	\$ 99.00	\$ -	\$ 23.00	\$ 23.00	\$ 76.00	\$ -	\$ 76.00
19. Subscriptions	\$ 8.00	\$ 8.00	\$ 16.00	\$ -	\$ 8.00	\$ 8.00	\$ 8.00	\$ -	\$ 8.00
20. Audit and Legal	\$ 65.00	\$ 33.00	\$ 98.00	\$ -	\$ 33.00	\$ 33.00	\$ 65.00	\$ -	\$ 65.00
21. Insurance	\$ 124.00	\$ -	\$ 124.00	\$ -	\$ -	\$ -	\$ 124.00	\$ -	\$ 124.00
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ 43.00	\$ 43.00	\$ -	\$ 43.00	\$ 43.00	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ -	\$ 4.00	\$ 4.00	\$ -	\$ 4.00	\$ 4.00	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ -	\$ 2.00	\$ 2.00	\$ -	\$ 2.00	\$ 2.00	\$ -	\$ -	\$ -
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Website Maintenance	\$ 15.00	\$ 18.00	\$ 33.00	\$ -	\$ 18.00	\$ 18.00	\$ 15.00	\$ -	\$ 15.00
29. Staff Recruitment/Payroll Expense	\$ 76.00	\$ 33.00	\$ 109.00	\$ -	\$ 33.00	\$ 33.00	\$ 76.00	\$ -	\$ 76.00
30. Volunteer Recognition	\$ 16.00	\$ -	\$ 16.00	\$ -	\$ -	\$ -	\$ 16.00	\$ -	\$ 16.00
TOTAL	\$ 20,395.82	\$ 1,955.73	\$ 22,351.55	\$ 4,237.77	\$ 462.78	\$ 4,700.55	\$ 16,102.05	\$ 1,272.95	\$ 17,375.00

Indirect As A Percent of Direct

9.6%

15.9%

7.9%

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

Bidder/Program Name: GCSCC/SLRC Grafton

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Incremental	Fixed	Total
1. Total Salary/Wages	\$ 113,070.88	\$ 15,061.57	\$ 128,132.45	-	\$ -	\$ -	\$ -	\$ 15,061.57	\$ 128,132.45
2. Employee Benefits	\$ 26,006.30	\$ 3,464.16	\$ 29,470.46	-	\$ -	\$ -	\$ 26,006.30	\$ 3,464.16	\$ 29,470.46
3. Consultants	-	\$ 50.00	\$ 50.00	-	\$ -	\$ -	-	\$ 50.00	\$ 50.00
4. Equipment:	-	-	-	-	\$ -	\$ -	-	-	-
Rental	\$ 378.00	\$ 26.00	\$ 404.00	-	\$ -	\$ -	\$ 378.00	\$ 26.00	\$ 404.00
Repair and Maintenance	\$ 252.00	\$ 20.00	\$ 272.00	-	\$ -	\$ -	\$ 252.00	\$ 20.00	\$ 272.00
Purchase/Depreciation	\$ 600.00	\$ 76.00	\$ 676.00	-	\$ -	\$ -	\$ 600.00	\$ 76.00	\$ 676.00
5. Supplies:	-	-	-	-	\$ -	\$ -	-	-	-
Educational	-	-	-	-	\$ -	\$ -	-	-	-
Lab	-	-	-	-	\$ -	\$ -	-	-	-
Pharmacy	-	-	-	-	\$ -	\$ -	-	-	-
Medical	-	-	-	-	\$ -	\$ -	-	-	-
Office	\$ 3,928.00	\$ 20.00	\$ 3,948.00	-	\$ -	\$ -	\$ 3,928.00	\$ 20.00	\$ 3,948.00
6. Travel	\$ 13,692.00	\$ 39.00	\$ 13,731.00	-	\$ -	\$ -	\$ 13,692.00	\$ 39.00	\$ 13,731.00
7. Occupancy	\$ 18,399.00	\$ 155.00	\$ 18,554.00	-	\$ -	\$ -	\$ 18,399.00	\$ 155.00	\$ 18,554.00
8. Current Expenses	-	-	-	-	\$ -	\$ -	-	-	-
Telephone	\$ 2,026.00	\$ 13.00	\$ 2,039.00	-	\$ -	\$ -	\$ 2,026.00	\$ 13.00	\$ 2,039.00
Postage	\$ 903.00	\$ 70.00	\$ 973.00	-	\$ -	\$ -	\$ 903.00	\$ 70.00	\$ 973.00
Subscriptions	-	\$ 55.00	\$ 55.00	-	\$ -	\$ -	-	\$ 55.00	\$ 55.00
Audit and Legal	\$ 771.00	\$ 25.00	\$ 796.00	-	\$ -	\$ -	\$ 771.00	\$ 25.00	\$ 796.00
Insurance	\$ 1,477.00	\$ 152.00	\$ 1,629.00	-	\$ -	\$ -	\$ 1,477.00	\$ 152.00	\$ 1,629.00
Board Expenses	-	-	-	-	\$ -	\$ -	-	-	-
9. Software	-	\$ 60.00	\$ 60.00	-	\$ -	\$ -	-	\$ 60.00	\$ 60.00
10. Marketing/Communications	\$ 1,550.00	\$ 15.00	\$ 1,565.00	-	\$ -	\$ -	\$ 1,550.00	\$ 15.00	\$ 1,565.00
11. Staff Education and Training	\$ 698.00	\$ 5.00	\$ 703.00	-	\$ -	\$ -	\$ 698.00	\$ 5.00	\$ 703.00
12. Subcontracts/Agreements	-	-	-	-	\$ -	\$ -	-	-	-
13. Other (specific details mandatory):	-	-	-	-	\$ -	\$ -	-	-	-
Website Maintenance	\$ 183.00	\$ 60.00	\$ 243.00	-	\$ -	\$ -	\$ 183.00	\$ 60.00	\$ 243.00
Staff Recruitment/Payroll Expense	\$ 894.00	\$ 45.00	\$ 939.00	-	\$ -	\$ -	\$ 894.00	\$ 45.00	\$ 939.00
Volunteer Recognition	\$ 195.00	-	\$ 195.00	-	\$ -	\$ -	\$ 195.00	-	\$ 195.00
TOTAL	\$ 185,023.18	\$ 19,411.73	\$ 204,434.91	-	\$ -	\$ -	\$ 185,023.18	\$ 19,411.73	\$ 204,434.91

Indirect As A Percent of Direct 10.5% 10.5% #DIV/0!

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

Bidder/Program Name: GCSCC/SLRC Grafton

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 27,067.56	\$ 3,500.63	\$ 30,568.19	-	-	-	\$ 27,067.56	\$ 3,500.63	\$ 30,568.19
2. Employee Benefits	\$ 6,225.54	\$ 805.12	\$ 7,030.66	-	-	-	\$ 6,225.54	\$ 805.12	\$ 7,030.66
3. Consultants	-	\$ 7.00	\$ 7.00	-	-	-	-	\$ 7.00	\$ 7.00
4. Equipment:	-	-	-	-	-	-	-	-	-
Rental	\$ 88.00	\$ 12.00	\$ 100.00	-	-	-	\$ 88.00	\$ 12.00	\$ 100.00
Repair and Maintenance	\$ 59.00	\$ 9.00	\$ 68.00	-	-	-	\$ 59.00	\$ 9.00	\$ 68.00
Purchase/Depreciation	-	\$ 20.00	\$ 20.00	-	-	-	-	\$ 20.00	\$ 20.00
5. Supplies:	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-
Office	\$ 912.00	\$ 27.00	\$ 939.00	-	-	-	\$ 912.00	\$ 27.00	\$ 939.00
6. Travel	\$ 3,277.00	\$ 15.00	\$ 3,292.00	-	-	-	\$ 3,277.00	\$ 15.00	\$ 3,292.00
7. Occupancy	\$ 3,875.00	\$ 32.00	\$ 3,907.00	-	-	-	\$ 3,875.00	\$ 32.00	\$ 3,907.00
8. Current Expenses	-	-	-	-	-	-	-	-	-
Telephone	\$ 470.00	\$ 4.00	\$ 474.00	-	-	-	\$ 470.00	\$ 4.00	\$ 474.00
Postage	\$ 210.00	\$ 12.00	\$ 222.00	-	-	-	\$ 210.00	\$ 12.00	\$ 222.00
Subscriptions	\$ 5.00	\$ 5.00	\$ 10.00	-	-	-	\$ 5.00	\$ 5.00	\$ 10.00
Audit and Legal	\$ 178.00	\$ 14.00	\$ 192.00	-	-	-	\$ 178.00	\$ 14.00	\$ 192.00
Insurance	\$ 343.00	\$ 35.00	\$ 378.00	-	-	-	\$ 343.00	\$ 35.00	\$ 378.00
Board Expenses	-	-	-	-	-	-	-	-	-
9. Software	-	\$ 10.00	\$ 10.00	-	-	-	-	\$ 10.00	\$ 10.00
10. Marketing/Communications	-	\$ 5.00	\$ 5.00	-	-	-	-	\$ 5.00	\$ 5.00
11. Staff Education and Training	-	\$ 3.00	\$ 3.00	-	-	-	-	\$ 3.00	\$ 3.00
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (specific details mandatory):	-	-	-	-	-	-	-	-	-
Website Maintenance	\$ 43.00	\$ 5.00	\$ 48.00	-	-	-	\$ 43.00	\$ 5.00	\$ 48.00
Staff Recruitment/Payroll Expense	\$ 209.00	\$ 10.00	\$ 219.00	-	-	-	\$ 209.00	\$ 10.00	\$ 219.00
Volunteer Recognition	\$ 44.00	-	\$ 44.00	-	-	-	\$ 44.00	-	\$ 44.00
TOTAL	\$ 43,002.10	\$ 4,530.75	\$ 47,532.85	-	-	-	\$ 43,002.10	\$ 4,530.75	\$ 47,532.85

Indirect As A Percent of Direct 10.5%

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

Bidder/Program Name: GCSCC/SLRC Grafton

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS			Contract Share Total
	Direct	Indirect	Total	Direct	Indirect	Total	Incremental	Fixed	Indirect	Total
1. Total Salary/Wages	\$ 18,124.60	\$ 2,016.13	\$ 20,140.73	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,016.13	\$ 20,140.73
2. Employee Benefits	\$ 4,166.66	\$ 463.71	\$ 4,632.37	\$ 4,166.66	\$ 463.71	\$ 4,632.37	\$ -	\$ -	\$ -	\$ -
3. Consultants	\$ -	\$ 10.00	\$ 10.00	\$ -	\$ 10.00	\$ 10.00	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 51.00	\$ 14.00	\$ 65.00	\$ -	\$ 14.00	\$ 14.00	\$ 51.00	\$ -	\$ -	\$ 51.00
6. Repair and Maintenance	\$ 34.00	\$ 11.00	\$ 45.00	\$ -	\$ 11.00	\$ 11.00	\$ 34.00	\$ -	\$ -	\$ 34.00
7. Purchase/Depreciation	\$ -	\$ 60.00	\$ 60.00	\$ -	\$ 60.00	\$ 60.00	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 526.00	\$ 42.00	\$ 568.00	\$ -	\$ 42.00	\$ 42.00	\$ 526.00	\$ -	\$ -	\$ 526.00
14. Travel	\$ 1,834.00	\$ 23.00	\$ 1,857.00	\$ 1,834.00	\$ 23.00	\$ 1,857.00	\$ -	\$ -	\$ -	\$ -
15. Occupancy	\$ 2,236.00	\$ 53.00	\$ 2,289.00	\$ 2,236.00	\$ 53.00	\$ 2,289.00	\$ -	\$ -	\$ -	\$ -
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 271.00	\$ 2.00	\$ 273.00	\$ -	\$ 2.00	\$ 2.00	\$ 271.00	\$ -	\$ -	\$ 271.00
18. Postage	\$ 121.00	\$ 30.00	\$ 151.00	\$ -	\$ 30.00	\$ 30.00	\$ 121.00	\$ -	\$ -	\$ 121.00
19. Subscriptions	\$ -	\$ 15.00	\$ 15.00	\$ -	\$ 15.00	\$ 15.00	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ 103.00	\$ 10.00	\$ 113.00	\$ -	\$ 10.00	\$ 10.00	\$ 103.00	\$ -	\$ -	\$ 103.00
21. Insurance	\$ 196.00	\$ 53.00	\$ 251.00	\$ -	\$ 53.00	\$ 53.00	\$ 196.00	\$ -	\$ -	\$ 196.00
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ 30.00	\$ 30.00	\$ -	\$ 30.00	\$ 30.00	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ -	\$ 7.00	\$ 7.00	\$ -	\$ 7.00	\$ 7.00	\$ -	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ -	\$ 3.00	\$ 3.00	\$ -	\$ 3.00	\$ 3.00	\$ -	\$ -	\$ -	\$ -
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (Specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Website Maintenance	\$ 25.00	\$ 10.00	\$ 35.00	\$ -	\$ 10.00	\$ 10.00	\$ 25.00	\$ -	\$ -	\$ 25.00
29. Staff Recruitment/Payroll Expense	\$ 119.00	\$ 20.00	\$ 139.00	\$ 93.00	\$ 20.00	\$ 113.00	\$ 26.00	\$ -	\$ -	\$ 26.00
30. Volunteer Recognition	\$ 27.00	\$ -	\$ 27.00	\$ 2.88	\$ -	\$ 2.88	\$ 24.12	\$ -	\$ -	\$ 24.12
TOTAL	\$ 27,338.26	\$ 2,872.84	\$ 30,211.10	\$ 8,334.54	\$ 856.71	\$ 9,191.25	\$ 19,503.72	\$ 2,016.13	\$ 21,519.85	\$ 21,519.85
Indirect As A Percent of Direct		10.3%			10.3%			10.3%		

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

Bidder/Program Name: GCSCC/SLRC Grafton

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS			Contract Share Total
	Incremental	Fixed	Total	Incremental	Fixed	Total	Incremental	Fixed	Total	
1. Total Salary/Wages	\$ 8,533.72	\$ 915.79	\$ 9,449.51	\$ -	\$ -	\$ -	\$ 8,533.72	\$ 915.79	\$ 9,449.51	
2. Employee Benefits	\$ 1,962.76	\$ 210.63	\$ 2,173.39	\$ -	\$ 210.63	\$ 210.63	\$ 1,962.76	\$ -	\$ 1,962.76	
3. Consultants	\$ -	\$ 2.00	\$ 2.00	\$ -	\$ 2.00	\$ 2.00	\$ -	\$ -	\$ -	
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Rental	\$ 23.00	\$ 6.00	\$ 29.00	\$ 23.00	\$ 6.00	\$ 29.00	\$ -	\$ -	\$ -	
Repair and Maintenance	\$ 15.00	\$ 5.00	\$ 20.00	\$ -	\$ 5.00	\$ 5.00	\$ -	\$ -	\$ -	
Purchase/Depreciation	\$ -	\$ 35.00	\$ 35.00	\$ -	\$ 35.00	\$ 35.00	\$ -	\$ -	\$ -	
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Office	\$ 238.00	\$ 24.00	\$ 262.00	\$ 238.00	\$ 24.00	\$ 262.00	\$ -	\$ -	\$ -	
6. Travel	\$ 832.00	\$ 10.00	\$ 842.00	\$ 376.50	\$ 10.00	\$ 386.50	\$ 455.50	\$ -	\$ 455.50	
7. Occupancy	\$ 1,013.00	\$ 24.00	\$ 1,037.00	\$ 1,013.00	\$ 24.00	\$ 1,037.00	\$ -	\$ -	\$ -	
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Telephone	\$ 83.00	\$ 1.00	\$ 84.00	\$ -	\$ 1.00	\$ 1.00	\$ -	\$ -	\$ -	
Postage	\$ 55.00	\$ 12.00	\$ 67.00	\$ -	\$ 12.00	\$ 12.00	\$ -	\$ -	\$ -	
Subscriptions	\$ -	\$ 7.00	\$ 7.00	\$ -	\$ 7.00	\$ 7.00	\$ -	\$ -	\$ -	
Audit and Legal	\$ 47.00	\$ 5.00	\$ 52.00	\$ -	\$ 5.00	\$ 5.00	\$ 47.00	\$ -	\$ 47.00	
Insurance	\$ 90.00	\$ 24.00	\$ 114.00	\$ -	\$ 24.00	\$ 24.00	\$ 90.00	\$ -	\$ 90.00	
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ 20.00	\$ 20.00	\$ -	\$ 20.00	\$ 20.00	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ 3.00	\$ 3.00	\$ -	\$ 3.00	\$ 3.00	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ 1.00	\$ 1.00	\$ -	\$ 1.00	\$ 1.00	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Website Maintenance	\$ 10.00	\$ 6.00	\$ 16.00	\$ -	\$ 6.00	\$ 6.00	\$ 10.00	\$ -	\$ 10.00	
Staff Recruitment/Payroll Expense	\$ 12.00	\$ 12.00	\$ 24.00	\$ 12.00	\$ 12.00	\$ 24.00	\$ -	\$ -	\$ -	
Volunteer Recognition	\$ 12.00	\$ -	\$ 12.00	\$ 6.27	\$ -	\$ 6.27	\$ 5.73	\$ -	\$ 5.73	
TOTAL	\$ 12,526.48	\$ 1,323.42	\$ 14,249.90	\$ 1,668.77	\$ 407.63	\$ 2,076.40	\$ 11,257.71	\$ 915.79	\$ 12,173.50	
Indirect As A Percent of Direct		10.2%			24.4%			8.1%		

NH Department of Health and Human Services**STANDARD EXHIBIT C****SPECIAL PROVISIONS**

1. 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:

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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:

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 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:

9. 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:

9.1 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.

9.2 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.

9.3 Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor 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.

10.1 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.

10.2 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.

11. 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.

12. Reports: Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.

12.1 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.

12.2 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.

13. 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.

14. 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:

14.1 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.

15. 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.

16. 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.

17. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

SPECIAL PROVISIONS – 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.

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.

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services

STANDARD EXHIBIT D

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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) 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;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) 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);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) Abide by the terms of the statement; and
 - (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;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(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;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (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
 - (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;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) 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)

10 Campbell St., Lebanon, NH 03766
262 Cottage St., Suite 661, Littleton, NH 03561

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

Grafton County
Senior Citizens Council, Inc. From: 1/1/14 To: 6/30/15

(Contractor Name)

(Period Covered by this Certification)

Roberta J. Berner, Executive Director

(Name & Title of Authorized Contractor Representative)

Roberta J. Berner

(Contractor Representative Signature)

12-4-13

(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT E

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

Contract Period: 1/1/14 through 6/30/15

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.

Roberta J. Berner
 (Contractor Representative Signature)

Roberta J. Berner, Executive Director
 (Authorized Contractor Representative Name & Title)

Grafton County
Senior Citizens Council, Inc.
 (Contractor Name)

12-4-13
 (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

**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

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) 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;
 - (c) 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
 - (d) 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.
- (2) 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

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:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) 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).

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.

<u>Roberta J. Berner</u>	<u>Roberta J. Berner, Executive Director</u>
(Contractor Representative Signature)	(Authorized Contractor Representative Name & Title)
<u>Grafton County</u>	
<u>Senior Citizens Council, Inc.</u>	<u>12-4-13</u>
(Contractor Name)	(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT G

**CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE**

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 make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

Roberta J. Berner
(Contractor Representative Signature)

Roberta J. Berner, Executive Director
(Authorized Contractor Representative Name & Title)

Grafton County
Senior Citizens Council, Inc.
(Contractor Name)

12-4-13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT H

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.

Roberta J. Berner
(Contractor Representative Signature)

Roberta J. Berner, Executive Director
(Authorized Contractor Representative Name & Title)

Grafton County
Senior Citizens Council, Inc.
(Contractor Name)

12-4-13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 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 and those parts of the HITECH Act 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.

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- 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.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 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 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- 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, unreasonable, 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) 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, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do 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 HITECH Act, Subtitle D, Part 1, Sec. 13402 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 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. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. 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.
- d. 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)b and (3)k herein. 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 pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. 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.
- f. 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.
- g. 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.

- h. 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.
- i. 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.
- j. 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.
- k. 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 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 standard provision #10 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, and the HITECH Act as 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 and the HITECH Act.
- 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 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Department of Health & Human Services Grafton County
The State Agency Name Senior Citizens Council, Inc.
Name of the Contractor

Sheri L. Rockburn
Signature of Authorized Representative

Roberta J. Berner
Signature of Authorized Representative

Sheri L. Rockburn
Name of Authorized Representative

Roberta J. Berner
Name of Authorized Representative

Acting Assaack Commissioner
Title of Authorized Representative

Executive Director
Title of Authorized Representative

12/4/13
Date

12-4-13
Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

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:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. 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.

Roberta J. Berner Roberta J. Berner, Executive Director
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Grafton County Senior Citizens Council, Inc. 12-4-13
(Contractor Name) (Date)

Contractor initials: RJB
Date: 12-4-13
Page # 1 of Page # 2

NH Department of Health and Human Services

STANDARD EXHIBIT J

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: 028411510

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: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

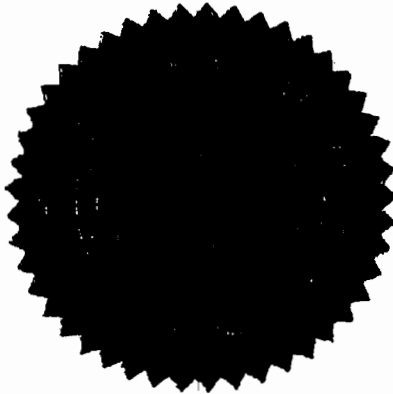
Amount: _____

Contractor initials: RJB
Date: 12-4-13
Page # 2 of Page # 2

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 GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC. is a New Hampshire nonprofit corporation formed July 13, 1972. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 2013

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

William M. Gardner
Secretary of State

Grafton County Senior Citizens Council, Inc.

ABSTRACT OF CORPORATE MINUTES

The following is a true abstract from minutes of meeting
of the Board of Directors of Grafton County Senior Citizens Council, Inc.
(Name of Governing Board) (Name of Corporation)
on February 25, 2003 which was duly called at
which a quorum was present:

“On motion duly made and seconded, it was voted to authorize
the President/Vice President/Treasurer/Executive Director, to accept grants
and awards and enter into contracts, and contract amendments from time to
time with the New Hampshire Department of Health and Human Services,
Bureau of Elderly and Adult Services to sign and otherwise fully execute
such acceptances and contracts, and contract amendments or modifications
thereto, and any related documents requested by the Bureau of Elderly and
Adult Services; this authorization to continue until revoked by vote of this
governing board.

I certify the foregoing vote is still in effect and has not been revoked,
rescinded or modified.

I further certify that Roberta Berner is the duly elected President/Vice
President/Treasurer/ **Executive Director** of this corporation and is still
qualified and serving in such capacity.

12-4-2013
(Date)

Carol P. Munn
Secretary

“No corporate seal.”

STATE OF NEW HAMPSHIRE

COUNTY OF GRAFTON

On Dec 4th, 2013, before the
undersigned officer personally appeared the person identified in the
foregoing certificate, known to me (or satisfactorily proven) to be the
Clerk/Secretary of the corporation identified in the foregoing certificate, and
acknowledged that she executed the foregoing certificate.

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

VICTORIA M. WEEKS
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
My commission expires June 19, 2018

Victoria Weeks
Notary Public/Justice of the Peace

My commission expires:

290
12-4-13



CERTIFICATE OF LIABILITY INSURANCE

GRAFT-5

OP ID: CH

DATE (MM/DD/YYYY)

12/03/2013

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 Kinney Pike/Hartford The Junction Market Place 1011 North Main Street White River Junction, VT 05001 Sandra D. Delisle	Phone: 802-295-3329 Fax: 802-296-6126	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Grafton County Senior Citizens Council Inc - PO Box 433 Lebanon, NH 03766	INSURER A: Hanover Insurance Company		
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ GENERAL LIABILITY			ZBV-8862911-03	10/25/2013	10/25/2014	EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 600,000
	☐ CLAIMS-MADE ☒ OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	☐ POLICY ☐ PRO-JECT ☐ LOC						GENERAL AGGREGATE \$ 3,000,000
A	☒ AUTOMOBILE LIABILITY			ABV8808402-03	10/25/2013	10/25/2014	PRODUCTS - COM/OP AGG \$ 3,000,000
	☒ ANY AUTO						Emp Ben. \$ 1,000,000
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☐ HIRED AUTOS	☐ NON-OWNED AUTOS					BODILY INJURY (Per person) \$
A	☒ UMBRELLA LIAB	☒ OCCUR		UHV 8882696-03	10/25/2013	10/25/2014	BODILY INJURY (Per accident) \$
	☐ EXCESS LIAB	☐ CLAIMS-MADE					PROPERTY DAMAGE (Per accident) \$
	☐ DED ☒ RETENTION \$ 0						
	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				WC STATU-TORY LIMITS ☐ OTH-ER ☐
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

STATENH

State of NH Dept. of Health &
Human Servc. Bureau of Edlerly
&Adult Services Attn:Catherine
129 Pleasant St
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
Sandra D. Delisle

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Client#: 56450

GRAFT

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/03/2013

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 Davis Towle Morrill & Everett 115 Airport Road P O Box 1260 Concord, NH 03302-1260	CONTACT NAME: PHONE (A/C, No, Ext): 603 225-6611 FAX (A/C, No): 603-225-7935 E-MAIL ADDRESS: <table border="1"> <tr> <th data-bbox="803 451 1404 483">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1404 451 1533 483">NAIC #</th> </tr> <tr> <td data-bbox="803 483 1404 514">INSURER A : Berkley Risk Administrators</td> <td data-bbox="1404 483 1533 514"></td> </tr> <tr> <td data-bbox="803 514 1404 546">INSURER B :</td> <td data-bbox="1404 514 1533 546"></td> </tr> <tr> <td data-bbox="803 546 1404 577">INSURER C :</td> <td data-bbox="1404 546 1533 577"></td> </tr> <tr> <td data-bbox="803 577 1404 609">INSURER D :</td> <td data-bbox="1404 577 1533 609"></td> </tr> <tr> <td data-bbox="803 609 1404 640">INSURER E :</td> <td data-bbox="1404 609 1533 640"></td> </tr> <tr> <td data-bbox="803 640 1404 661">INSURER F :</td> <td data-bbox="1404 640 1533 661"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Berkley Risk Administrators		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Berkley Risk Administrators															
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Grafton County Senior Citizens Council PO Box 433 Lebanon, NH 03766															

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☒ Y ☒ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC288300575901	11/13/2013	11/13/2014	X WC STATUTORY LIMITS ☐ OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

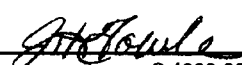
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**** Workers Comp Information ****

State: NH

CERTIFICATE HOLDER

CANCELLATION

State of NH, Bureau of Elderly & Adult Services, NH Dept of Health & Human Services, Catherine Cormier, 129 Pleasant St 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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ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

6A HILLS AVENUE
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE (603) 228-5400
FAX # (603) 226-3532

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER OF THE PRIVATE
COMPANIES PRACTICE SECTION

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Grafton County Senior Citizens Council, Inc.
Lebanon, New Hampshire

We have audited the accompanying consolidated statement of financial position of Grafton County Senior Citizens Council, Inc. (a nonprofit organization) and Grafton County Senior Citizens Council Endowment Fund, Inc. (a nonprofit organization) as of September 30, 2012, and the related statement of activities, functional expenses, and cash flows, for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from Grafton County Senior Citizens Council, Inc.'s 2011 financial statements and, in our report dated January 3, 2012; we expressed an unqualified opinion on those financial statements.

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 audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Grafton County Senior Citizens Council, Inc. as of September 30, 2012, and the changes in its net assets and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated January 4, 2013, on our consideration of the Grafton County Senior Citizens Council, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grants 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* and should be considered in assessing the results of our audit.

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 is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic 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.

Rowley & Associates, PC

Rowley & Associates, P.C.
Concord, New Hampshire
January 4, 2013

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
September 30, 2012 and 2011
See Independent Auditor's Report

ASSETS	2012	2011
CURRENT ASSETS		
Cash and cash equivalents, unrestricted	\$ 70,659	\$ 75,567
Cash and cash equivalents, board designated	8,650	54,151
Cash and cash equivalents, restricted	40,827	30,491
Accounts receivable	13,349	21,095
Grants receivable	45,191	102,888
Inventories	24,504	23,721
Prepaid expenses	31,940	44,801
	<u>235,120</u>	<u>352,714</u>
INVESTMENTS (at fair market value)	<u>768,025</u>	<u>816,268</u>
LAND, BUILDING AND EQUIPMENT, at cost		
Land, buildings and improvements	2,497,737	2,664,121
Equipment	286,096	444,641
Vehicles	483,590	483,590
Accumulated depreciation	<u>(1,456,771)</u>	<u>(1,625,236)</u>
	<u>1,810,652</u>	<u>1,967,116</u>
	<u>2,813,797</u>	<u>3,136,098</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	49,509	46,838
Accrued expenses	133,565	175,745
Deferred revenue	-	193,276
	<u>183,074</u>	<u>415,859</u>
NET ASSETS		
Unrestricted		
Operating	(97,431)	(147,787)
Board designated	776,675	870,419
Investment in fixed assets	<u>1,810,652</u>	<u>1,967,116</u>
	<u>2,489,896</u>	<u>2,689,748</u>
Temporarily restricted	11,085	749
Permanently restricted	<u>129,742</u>	<u>29,742</u>
	<u>2,630,723</u>	<u>2,720,239</u>
	<u>\$ 2,813,797</u>	<u>\$ 3,136,098</u>

The notes to consolidated financial statements are an integral part of this statement

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
CONSOLIDATED STATEMENTS OF ACTIVITIES
Year Ended September 30, 2012 With Comparative Totals For 2011
See Independent Auditor's Report

	2012			2011	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Memorandum Total	Memorandum Total
SUPPORT, REVENUES AND GAINS					
SUPPORT					
Contributions:					
Local government agencies	\$ 348,380	\$ -	\$ -	\$ 348,380	\$ 363,769
Senior center activities	40,687	-	-	40,687	48,237
Program participant	279,781	-	-	279,781	252,725
General and other	396,941	17,539	-	414,480	508,662
Bequests	10,119	-	100,000	110,119	53,465
United Way agencies	34,429	-	-	34,429	29,804
Non-cash	193,559	-	-	193,559	251,416
Governmental programs and fees for contract services	2,080,809	-	-	2,080,809	2,307,476
	<u>3,384,705</u>	<u>17,539</u>	<u>100,000</u>	<u>3,502,244</u>	<u>3,815,554</u>
REVENUES AND GAINS					
Rental	21,415	-	-	21,415	22,650
Interest and dividends	32,950	-	-	32,950	32,356
Net realized and unrealized gain (loss) on investments	79,706	-	4,300	84,006	(24,737)
Loss on disposal of fixed assets	(1,183)	-	-	(1,183)	-
	<u>132,888</u>	<u>-</u>	<u>4,300</u>	<u>137,188</u>	<u>30,269</u>
TOTAL SUPPORT, REVENUES AND GAINS	<u>3,517,593</u>	<u>17,539</u>	<u>104,300</u>	<u>3,639,432</u>	<u>3,845,823</u>
Net Assets Released From Donor Imposed Restrictions	11,503	(7,203)	(4,300)	-	-
EXPENSES					
PROGRAM SERVICES					
Senior transportation	574,641	-	-	574,641	587,720
Nutrition programs	1,684,587	-	-	1,684,587	1,758,662
Social services programs	132,567	-	-	132,567	123,627
Service Link	355,720	-	-	355,720	333,409
Adult in home care	410,134	-	-	410,134	633,789
RSVP programs	100,004	-	-	100,004	115,215
Senior center activities	60,063	-	-	60,063	63,017
	<u>3,317,716</u>	<u>-</u>	<u>-</u>	<u>3,317,716</u>	<u>3,615,439</u>
SUPPORTING SERVICES					
Management and general	370,110	-	-	370,110	428,515
Fundraising	41,122	-	-	41,122	56,353
	<u>411,232</u>	<u>-</u>	<u>-</u>	<u>411,232</u>	<u>484,868</u>
TOTAL EXPENSES	<u>3,728,948</u>	<u>-</u>	<u>-</u>	<u>3,728,948</u>	<u>4,100,307</u>
NET INCREASE (DECREASE) IN NET ASSETS	<u>(199,852)</u>	<u>10,336</u>	<u>100,000</u>	<u>(89,516)</u>	<u>(254,484)</u>
NET ASSETS, BEGINNING OF YEAR	<u>2,689,748</u>	<u>749</u>	<u>29,742</u>	<u>2,720,239</u>	<u>2,974,723</u>
NET ASSETS, END OF YEAR	<u>\$ 2,489,896</u>	<u>\$ 11,085</u>	<u>\$ 129,742</u>	<u>\$ 2,630,723</u>	<u>\$ 2,720,239</u>

The notes to consolidated financial statements are an integral part of this statement

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES
For the year ending September 30, 2012
(With Comparative Totals for 2011)
See Independent Auditor's Report

	PROGRAM SERVICES										MEMORANDUM		
											TOTALS		
	Senior Transportation	Nutrition	Social Services	Service Link	Adult In Home Care	RSVP	Senior Activity	Total Program Services	Management and General	Fund Raising	Total Support	2012	2011
Salaries and wages	\$ 248,342	\$ 609,591	\$ 96,001	\$ 223,664	\$ 276,643	\$ 63,826	\$ -	\$ 1,532,067	\$ 215,116	\$ 23,902	\$ 239,018	\$ 1,771,085	\$ 1,974,213
Payroll taxes	22,138	52,899	8,041	19,069	24,437	5,432	-	132,016	18,251	2,028	20,279	152,295	169,287
Fringe benefits	21,703	94,361	16,582	30,196	40,504	8,183	-	211,529	30,192	3,355	33,547	245,076	325,749
Transportation	7,420	50,179	3,045	17,575	36,978	7,296	141	122,634	3,038	338	3,375	126,009	169,124
Supplies	4,135	106,483	222	5,463	885	1,751	4,450	123,389	5,289	588	5,877	129,266	127,848
Food and beverages	-	290,955	-	-	-	-	-	290,955	-	-	-	290,955	304,848
Donated food and supplies	-	183,932	-	-	-	-	-	183,932	6,352	706	7,058	190,990	166,075
Rent and utilities	23,644	102,567	1,429	14,086	1,213	295	-	143,234	3,899	433	4,332	147,566	143,550
Vehicle expense	113,989	-	-	-	-	158	-	114,147	-	-	-	114,147	97,845
Postage	1,533	7,277	103	1,309	4	813	190	11,229	5,971	663	6,634	17,863	16,970
Repairs and maintenance	12,970	71,539	873	837	745	207	22	87,193	10,646	1,183	11,829	99,022	139,126
Telephone and internet	3,096	14,795	338	1,772	1,376	1,668	-	23,045	3,565	396	3,961	27,006	26,589
Professional Fees	147	164	8	866	857	487	-	2,529	20,948	2,328	23,276	25,805	27,017
Bank and investment fees	39	741	-	30	-	-	10	820	12,201	1,356	13,557	14,377	13,773
Dues and subscriptions	386	101	1	300	-	135	373	1,296	1,701	189	1,890	3,186	6,642
Insurance	20,948	31,489	4,562	6,355	17,867	5,944	-	87,165	7,091	788	7,879	95,044	100,770
Marketing/public relation:	192	520	5	8,999	-	520	-	10,236	716	80	796	11,032	6,548
Staff development	2,018	3,455	448	4,350	485	371	50	11,177	573	64	637	11,814	13,699
Printing and copying	1,052	4,898	92	1,946	-	472	-	8,460	1,692	188	1,880	10,340	9,902
Volunteer recognition	359	1,624	56	-	-	203	-	2,242	-	-	-	2,242	2,551
Miscellaneous expenses	150	159	1	751	57	40	126	1,284	1,277	142	1,419	2,703	4,804
Depreciation	90,352	53,711	758	370	118	-	-	145,309	16,512	1,835	18,347	163,656	179,482
Fundraising	28	1,524	2	-	-	-	3,695	5,249	4,968	552	5,520	10,769	14,050
Bad Debts	-	483	-	-	7,965	-	-	8,448	2	-	2	8,450	2,110
Special project expense	-	1,140	-	3,782	-	2,203	1,565	8,690	-	-	-	8,690	3,785
Senior activity expense	-	-	-	-	-	-	49,441	49,441	108	11	119	49,560	53,950
Total Expenses	\$ 574,641	\$ 1,684,587	\$ 132,567	\$ 355,720	\$ 410,134	\$ 100,004	\$ 60,063	\$ 3,317,716	\$ 370,110	\$ 41,122	\$ 411,232	\$ 3,728,948	\$ 4,100,307

The notes to consolidated financial statements are an integral part of this statement

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
CONSOLIDATED STATEMENTS OF CASH FLOWS
For the Years Ended September 30, 2012 and 2011
See Independent Auditor's Report

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES:		
Decrease in net assets	\$ (89,516)	\$ (254,484)
Adjustments to reconcile change in net assets to net unrestricted cash provided by operating activities:		
Depreciation	163,656	179,482
Gain on sale of investments	(31,118)	(32,359)
Change in unrealized (gain) loss on investments	(52,888)	57,096
Loss on disposal of fixed assets	1,183	-
Change in cash restricted	(10,336)	5,109
(Increase) decrease in operating assets		
Accounts receivable	7,746	(10,740)
Grants receivable	57,697	2,001
Inventories	(783)	(3,045)
Prepaid expenses	12,861	(11,744)
Increase (decrease) in operating liabilities		
Accounts payable - trade	2,671	(1,016)
Accrued expenses	(42,180)	(1,094)
Deferred revenue	(193,276)	34,270
Net cash used by operating activities	<u>(174,283)</u>	<u>(36,524)</u>
CASH FLOW FROM FINANCING ACTIVITIES:		
Net Repayments Note Payable, Line of Credit	<u>-</u>	<u>(100,000)</u>
CASH FLOW FROM INVESTING ACTIVITIES:		
Proceeds from sales on investments	688,155	846,399
Purchases of investments	(555,907)	(663,815)
Purchases of fixed assets	(8,374)	(125,049)
Net cash provided by investing activities	<u>123,874</u>	<u>57,535</u>
Net decrease in unrestricted cash	(50,409)	(78,989)
Unrestricted cash and cash equivalents, beginning of year	<u>129,718</u>	<u>208,707</u>
Unrestricted cash and cash equivalents, end of year	<u>\$ 79,309</u>	<u>\$ 129,718</u>
SUPPLEMENTAL SCHEDULE OF CASH FLOW INFORMATION		
Non cash contributions	<u>\$ 193,559</u>	<u>\$ 251,416</u>

The notes to consolidated financial statements are an integral part of this statement

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
Years Ended September 30, 2012 and 2011

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The consolidated financial statements of Grafton County Senior Citizens Council, Inc. (hereinafter referred to as the "Organization" or the "Council") and Grafton County Senior Citizens Council Endowment Fund, Inc. (the "Endowment Fund") have been prepared in conformity with Generally Accepted Accounting Principles (GAAP) as applied to not-for-profits. The Financial Accounting Standards Board (FASB) is the accepted standard-setting body for establishing accounting and financial reporting principles for not-for-profits. The more significant of the FASB's generally accepted accounting principles applicable to the Council, and the Council's conformity with such principles, are described below. These disclosures are an integral part of the Council's financial statements.

A. NATURE OF ACTIVITIES, PURPOSE AND CONCENTRATIONS

The Grafton County Senior Citizens Council, Inc. is a "not-for-profit" organization, which provides community-based services to older individuals in Grafton County, New Hampshire. These services include transportation, nutrition, and physical and social activities. The Council's program support is derived primarily from federally funded fee for service contracts and grants through the State of New Hampshire, and is supplemented by participant program related contributions. The Council also receives mission critical program support from area towns, agencies, United Way and Grafton County. The Council also allows the area Senior Centers to generate program support for activities specific to the area centers.

Grafton County Senior Citizens Council Endowment Fund, Inc. (the Endowment Fund) is a not-for-profit organization governed by the finance committee of the Council's Board of Directors. The Endowment Fund was established to provide a source of continued support for the service provided by the Council. The financial statements of the reporting entity include the financial position and activities of both the Council and the Endowment Fund. Inter-entity transactions and balances have been eliminated in consolidation.

B. PROMISE TO GIVE

The Organization has adopted FASB ASC 958-605-20, "Accounting for Contributions Received and Contributions Made." In accordance with FASB ASC 958-605-20, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of any donor restrictions. Time-restricted contributions are required to be reported as temporarily restricted support and are then reclassified to unrestricted net assets upon expiration of time restriction. Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets. The organization uses the allowance method for recognition of uncollectable amounts. There were no uncollectable amounts at September 30, 2012 and 2011, respectively.

C. USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures. Accordingly, actual results could differ from those estimates.

D. BASIS OF ACCOUNTING

The financial statements of the Organization have been prepared in the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities. Consequently, revenues are recognized when earned and expenses are recognized when incurred.

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
Years Ended September 30, 2012 and 2011

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

E. IN-KIND CONTRIBUTIONS

Contributed Services

The Council receives donated services from a substantial number of unpaid volunteers who have made significant contributions of their time to the general operations of the Council. No amounts have been recognized in the accompanying statement of activities because the criterion for recognition of such volunteer effort is that services must be specialized skills, which would be purchased if not donated. Service contributed for the year ended September 30, 2012 and 2011 amounted to 55,152 and 68,259 hours, respectively and are valued at \$7.25 per hour for a total of \$399,852 and \$494,878, respectively.

Contributed goods

The Council receives donated goods throughout the year. Contributed goods can include food supplies and equipment. For financial reporting purposes the items contributed have been recorded at their fair market value at the date of the contribution. Any equipment contributed is capitalized and depreciated over its estimated useful life.

For the year ended September 30, 2012 contributed food, supplies, and fixed assets were \$183,982, \$7,058 and \$2,569, respectively. For the year ended September 30, 2011 contributed food, supplies, and fixed assets were \$158,668, \$7,407 and \$85,341, respectively.

F. FINANCIAL STATEMENT PRESENTATION

The Council 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. In addition, the Council is required to present a statement of cash flows. The Council additionally maintains a classification of land, building and equipment within its unrestricted net asset statements of activity, which is combined into total unrestricted net assets.

G. INCOME TAXES

The exempt status of the Council and the Endowment Fund is based upon the terms of an original Internal Revenue Service determination letter, dated July 1972, in which the Council maintained that it is an organization that operates exclusively for religious, charitable and educational purposes (as more fully defined in Internal Revenue Code Section 501(c)(3)). The Council has maintained that it is not a "private foundation" under Section 509(a)(2). The Council (including the Endowment Fund) is required to file annual information returns for tax-exempt organizations with the Internal Revenue Service as well as the Department of Charitable Trusts of the New Hampshire Attorney General's Office. The council and the Endowment Fund qualify for the charitable contribution deduction under Section 170(b)(1)(A).

H. INVESTMENTS

The Council has adopted FASB ASC 958-320, "Accounting for Certain Investments Held by Not-for-Profit Organizations." Under FASB ASC 958-320, investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Investment income and gains restricted by a donor are reported as increase in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

I. CASH, CASH EQUIVALENTS AND INVESTMENTS

For purposes of the Statements of Cash Flows, the Council considers all highly liquid investments (short-term investments such as certificates of deposits and money market accounts) with an initial maturity of three months or less to be cash equivalents. There were no cash equivalents as of September 30, 2012 and 2011.

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
Years Ended September 30, 2012 and 2011

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

J. ACCOUNTS RECEIVABLE

Accounts receivable are comprised of amounts due from customers for services provided. The Council considers accounts receivable to be fully collectible; accordingly, no allowance for doubtful accounts has been established. If accounts become uncollectible, they will be charged to operations when that determination is made. Collections on accounts previously written off are included in revenue as received.

K. GRANTS RECEIVABLE

The grants receivable consist of amounts to be received by the Council from Federal and State governments. The amounts to be received include receivables for program services already rendered under contract agreements with the government. No allowance for doubtful accounts has been established for accounts receivable.

Grants receivable as of September 30, 2012 and 2011 consist of the following:

	<u>2012</u>	<u>2011</u>
Federal and State Government Grants	\$ 45,191	\$ 68,538
County Grants	<u>-</u>	<u>34,350</u>
Total	<u>\$ 45,191</u>	<u>\$102,888</u>

L. LAND, BUILDINGS, AND EQUIPMENT

Land, buildings and equipment are recorded at cost at the date of acquisition or fair market value at the date of the gift. The Council's policy is to capitalize all land, buildings and equipment in excess of \$1,000 (lesser individual item amounts are generally expensed) and to depreciate these assets using the straight-line method of depreciation over their estimated useful lives as follows:

	<u>Years</u>
Buildings and improvements	7-50
Equipment	5-20
Vehicles	5-7

Depreciation expense recorded by the Council for the years ended September 30, 2012 and 2011 was \$163,656 and \$179,482, respectively.

M. ALLOWANCE FOR DOUBTFUL ACCOUNTS

The Council provides, when necessary, for an allowance for doubtful accounts when accounts or pledges receivable are not deemed fully collectible. At September 30, 2012 and 2011, there was no allowance for doubtful accounts.

N. INVENTORY

Inventory is stated at the lower of cost (specific identification method) or market and is comprised of food items.

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
Years Ended September 30, 2012 and 2011

2. FUNCTIONAL EXPENSES

Expenses by function have been allocated between program and supporting services classifications on the basis of time records, units of service and estimates made by the Council's management.

3. SUBSEQUENT EVENT

Consideration has been given to determine if any events that occurred subsequent to the financial statement date, September 30, 2012 and prior to the report date, January 4, 2013, of such significance to require disclosure. It has been determined that no subsequent events matching this criterion occurred during this period.

4. INVESTMENTS, INVESTMENT INCOME AND USE LIMITATIONS

The Council and Endowment Fund maintain individual and pooled investments containing both restricted and unrestricted funds. Investment income, gains, losses, and management fees of any pool are allocated to activities based on each activity's pro-rata share (on dollar and time basis) in the pool. Investments in marketable equity securities and marketable debt securities are carried at fair market value determined by "quoted market prices" per unit (share) as of the balance sheet date. All other investments are stated at cost. Donated investments are recorded at the "fair market value" as of the date of receipt. Investment income, realized and unrealized gains, losses, dividends and interest unrestricted activities are recorded as operating activities. Investment interest and dividend income on restricted activities is added to, or deducted from, the appropriate activity.

At September 30, 2012 long-term investments made by the Council are stated at the following fair values, including unrealized appreciation, are summarized below:

	<u>Cost</u>	<u>Value</u>	<u>Appreciation (Depreciation)</u>
Bonds	\$ 182,259	\$ 184,443	\$ 2,184
Bond Mutual Fund	209,654	212,857	3,203
Marketable Equity Securities	237,616	270,317	32,701
Equity Mutual Funds	84,460	100,408	15,948
	<u>\$ 713,989</u>	<u>\$ 768,025</u>	<u>\$ 54,036</u>

5. CONCENTRATION OF CREDIT RISK

At September 30, 2012 and 2011, the carrying amounts and bank balances with financial institutions of the Council's cash deposits are categorized by "credit risk" as follows:

Category 1 Deposits that are insured by the Federal Deposit Insurance Corporation (FDIC) or collateralized by securities held by the Council (or its agent) in the Council's name.

Category 2 Deposits that are uninsured and collateralized by securities that are held by the pledging institution's trust department (or agent) in the Council's name.

Category 3 Deposits that are uninsured and uncollateralized or collateralized by securities that are held by the pledging institution's trust department (or agent) but not in the Council's name.

At September 30, 2012 and 2011, the Organization had no uninsured cash balances, respectively

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
Years Ended September 30, 2012 and 2011

6. LEASE OBLIGATION

In May 2011, the Council entered into an agreement to lease property in Littleton over twenty years in an amount equal to the tax assessment of the property, payable in monthly installments. During the years ended September 30, 2012 and 2011, respectively, the Council expensed rent in the amount of \$4,200 related to the lease.

In July 2012 the Council renewed its lease of property in Littleton for two years. The lease expires in June 2014. During the years ended September 30, 2012 and 2011, respectively, the Council expensed rent in the amount of \$13,797 and \$13,495 related to this lease.

In May 2012 the Council renewed a one-year lease of property in Lincoln, New Hampshire. The lease agreement expires in May 2013. During the years ended September 30, 2012 and 2011, respectively, the Council expensed rent in the amount of \$11,664 and \$11,435 related to this lease.

In November 2011 the Council entered into a one-year lease of property in Bristol, New Hampshire. The agreement was renewed in November 2012. During the years ended September 30, 2012 and 2011, respectively, the Council expensed rent in the amount of \$10,200 related to this lease.

In January 2012 the Council entered into a one-year agreement to lease property in Orford, New Hampshire. The agreement expires in January 2013. During the years ended September 30, 2012 and 2011, respectively, the Council expensed rent in the amount of \$4,980 and \$4,890 related to this lease.

Future minimum lease payments on the above leases as of September 30 are:

2013	\$ 28,371
2014	14,548
2015	4,200
2016	4,200
Thereafter	<u>63,000</u>
	<u>\$114,319</u>

The Council also leases office equipment under short-term operating lease agreements.

7. CONTINGENT LIABILITIES

Grants often require the fulfillment of certain conditions as set forth in the instrument of the grant. Failure to fulfill the conditions could result in the return of the funds to the grantors. Although the return of the funds is a possibility, the Board of Directors deems the contingency unlikely, since by accepting the grants and their terms, it has made a commitment to fulfill the provisions of the grant.

8. LINE OF CREDIT

The Council has a \$200,000 line of credit at an area bank, unsecured, with a variable interest rate equal to the Wall Street Journal Prime Index. The line of credit expires September 15, 2013. The interest rate at September 30, 2012 and 2011 was 3.25%, respectively. Interest payments are required monthly. There was no outstanding balance at September 30, 2012 and 2011, respectively.

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
Years Ended September 30, 2012 and 2011

9. ECONOMIC DEPENDENCY AND DEFERRED REVENUE

The Council receives a substantial amount of its revenues and support under federal and state funded fee for service contracts, grants and programs (primarily passed through the State of New Hampshire). If a significant reduction or delay in the level of support were to occur, it may have an effect on the Council's programs and activities.

The following reflects activity for the year ended September 30, 2012:

Federal and State Funded Contracts, Grants and Programs	\$2,080,809
Percentage of Total Support and Revenues	59%

The State of New Hampshire's payment agreement with the Council up to the state fiscal year ended June 30, 2012 called for monthly prepaid distributions to the Council. The State changed payment terms during the state fiscal year beginning July 2, 2012. The new arrangement calls for the Council to submit reimbursement reports at the end of each month at which time the State reviews, reconciles and then subsequently disburses funds to the Council. Deferred revenue related to these state funds as of September 30, 2012 and 2011 was \$-0- and \$193,276, respectively.

10. TEMPORARILY RESTRICTED, PERMANENTLY RESTRICTED & BOARD-DESIGNATED NET ASSETS

Temporarily restricted net assets consist of the following at September 30:

	<u>2012</u>	<u>2011</u>
Plymouth deck fund	\$ 2,185	\$ 749
Jean Clay fund	4,300	-
Lebanon bus fund	600	-
River Walk project	4,000	-
Total temporarily restricted net assets	<u>\$11,085</u>	<u>\$ 749</u>

Permanently restricted net assets consist of the following at September 30:

	<u>2012</u>	<u>2011</u>
Clapper Memorial	\$ 29,742	\$ 29,742
Jean Clay fund	100,000	-
Total temporarily restricted net assets	<u>\$129,742</u>	<u>\$ 29,742</u>

Board designated net assets consist of the following at September 30:

	<u>2012</u>	<u>2011</u>
Investment reserve	\$ 102,322	\$ 185,808
Mascoma area reserve	20,632	28,292
Plymouth reserve	8,435	7,106
Littleton reserve	291,112	305,029
Horse Meadow reserve	29,418	36,821
GCSCC Endowment fund	324,756	307,363
Total board designated net assets	<u>\$ 776,675</u>	<u>\$ 870,419</u>

11. RETIREMENT PLAN

The Council implemented a Tax Sheltered Annuity Plan 403(b) that covers employees who meet certain eligibility requirements. The Council's contribution to the plan for the fiscal year ended September 30, 2012 and 2011 was \$5,326 and \$14,118, respectively.

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
Years Ended September 30, 2012 and 2011

12. DEFERRED REVENUE

Certain State of New Hampshire payments for services are made prior to the month in which they are earned. These payments are recorded as a liability in the month received and reclassified to earned revenue in the following month when earned. The liability reflecting these revenues amounted to \$-0- and \$193,276 at the years ended September 30, 2012 and 2011, respectively.

13. FAIR VALUE OF FINANCIAL MEASUREMENTS

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Organization is required to disclose certain information about its financial assets and liabilities. As of September 30, 2012 and 2011 the Organization has no financial instruments subject to the disclosure requirements. Cash and cash equivalents, investments, accounts and grants receivable, accounts payable and accrued expenses reported in the statement of financial position approximate fair values because of the short maturities of those instruments or because of the fixed rate of interest required to be paid.

15. TAX EXEMPT STATUS

The Organization is a public charity exempt from Federal income tax under Section 501 (c) (3) of the Internal Revenue Code. The organization does not believe it has done anything during the past year that would jeopardize its tax exempt status at either the state or Federal level. The Organization reports its activities to the IRS in an annual information return. These filings are subject to review by the taxing authorities and the federal income tax returns for 2011, 2010, and 2009 are subject to examination by the IRS, generally for three years after they were filed.

In accordance with FASB ASC 740-10, *Accounting for Uncertainty in Income Taxes*, the Organization is under the opinion that there are no unsustainable positions that have been taken in regards to federal or state income tax reporting requirements. Accordingly, management is not aware of any unrecognized tax benefits or liabilities that should be recognized in the accompanying statements.

ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

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MEMBER OF THE PRIVATE
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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
Grafton County Senior Citizens Council, Inc.
Lebanon, New Hampshire

We have audited the financial statements of the Grafton County Senior Citizens Council, Inc. (a nonprofit organization) as of and for the year ended September 30, 2012, and have issued our report thereon dated January 4, 2013. 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.

INTERNAL CONTROL OVER FINANCIAL REPORTING

Management of Grafton County Senior Citizens Council, Inc. is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our audit, we considered Grafton County Senior Citizens Council, Inc.'s internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Grafton County Senior Citizens Council, Inc.'s internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

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 combination of significant 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.

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 financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

COMPLIANCE AND OTHER MATTERS

As part of obtaining reasonable assurance about whether the Grafton County Senior Citizens Council, Inc.'s financial statements are free of 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*.

This report is intended solely for the information and use of management, others within the entity, the Board of Directors, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Rowley & Associates, PC

Rowley & Associates, P.C.
Concord, New Hampshire
January 4, 2013

ROWLEY & ASSOCIATES, P.C.

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

To the Board of Directors
Grafton County Senior Citizens Council, Inc.
Lebanon, New Hampshire

COMPLIANCE

We have audited Grafton County Senior Citizens Council, Inc.'s compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of Grafton County Senior Citizens Council, Inc.'s major federal programs for the year ended September 30, 2012. Grafton County Senior Citizens Council, Inc. major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of the Grafton County Senior Citizens Council, Inc.'s management. Our responsibility is to express an opinion on the Grafton County Senior Citizens Council, Inc.'s compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Grafton County Senior Citizens Council, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Grafton County Senior Citizens Council, Inc.'s compliance with those requirements.

In our opinion, the Grafton County Senior Citizens Council, Inc. complied, in all material respects, with the requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 31, 2012.

INTERNAL CONTROL OVER COMPLIANCE

Management of Grafton County Senior Citizens Council, Inc. is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered the Grafton County Senior Citizens Council, Inc.'s internal control over compliance with the requirements that could have a direct and material effect on a major federal program to determine the auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Grafton County Senior Citizens Council, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected and corrected on a timely basis.

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 deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

Grafton County Senior Citizens Council, Inc.'s response to the findings identified in our audit are described in the accompanying schedule of findings and questioned costs. We did not audit Grafton County Senior Citizens Council, Inc.'s response and, accordingly, we express no opinion on the responses.

This report is intended solely for the information and use of management, others within the entity, the Board of Directors, federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Rowley & Associates, PC

Rowley & Associates, P.C.
Concord, New Hampshire
January 4, 2013

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
Year Ended September 30, 2012

SECTION I – SUMMARY OF AUDITOR'S RESULTS

Federal Awards

Internal Control Over Major Programs

Material Weakness(es) Identified? Yes X No
Reportable Condition(s) Identified That Are Not
Considered To Be Material Weaknesses? Yes X No None Reported

Type of Auditor's Report Issued on Compliance
for Major Programs

Unqualified

Any Audit Findings Disclosed That Are Required
To Be Reported in Accordance With Section 510(a)
of Office and Management and Budget Circular A-133?

 Yes X No

Identification of Major Programs

<u>Name of Federal Program of Cluster</u>	<u>CFDA #</u>
Title XX, Social Service Block Grant	93.667
Title IIIB, Supportive Services and Senior Center	93.044
Title IIIC, Nutrition Services	93.045

Dollar Threshold Used To Distinguish
Between TYPE A and TYPE B Programs

\$300,000.00

Auditee Qualified As Low-Risk Auditee

 X Yes No

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
Year Ended September 30, 2012

SECTION II – FINANCIAL STATEMENT FINDINGS

No Matters Were Reported

SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

No Matters Were Reported

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
SCHEDULE EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2012

Federal Grantor/Pass-Through Grantor Program or Cluster Title	Federal CFDA #	Federal Expenditures
US DEPARTMENT OF HEALTH AND HUMAN SERVICES		
Passed through the NH Department of Health and Human Services		
AGING-CLUSTER		
Title IIIB, Supportive Services and Senior Centers	93.044	\$ 130,630
Title IIIC, Nutrition Services	93.045	<u>304,595</u>
		435,225
Title XX, Social Services Block Grant	93.667	<u>287,902</u>
Total US Department of Health and Human Services		<u>723,127</u>
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE		
Title IIA, Retired Senior Volunteer Program (RSVP)	94.002	<u>89,108</u>
US DEPARTMENT ON ADMINISTRATION OF AGING		
Passed through the NH Department of Health and Human Services		
Food Distribution	93.053	<u>126,569</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS		<u><u>\$ 938,804</u></u>

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2012

NOTE 1 – BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards includes the federal grant activity on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Therefore, some amounts presented in this schedule may differ from amounts presented in the financial statements.

NOTE 2 – RECONCILIATION TO FINANCIAL STATEMENT AMOUNT

The total expenditures of federal awards per the accompanying schedule of expenditures of federal awards reconcile to the "Statement of Activities as follows:

Federal Funding Portion of Expenditures of Award Programs	\$ 938,804
Non-Federal Funding Portion of Expenditures of Award Programs	1,421,786
Program Income Included in Determination of Program Expenditures for Purposes of OMB Circular A-133 and Compliance Supplement	<u>(279,781)</u>
Governmental Programs and Fees for Services	<u><u>\$2,080,809</u></u>



P.O. Box 433
Lebanon, NH
03766-0433

Phone: 603-448-4897
Fax: 603-448-3906
Web site: www.gcsc.org

Centers for Senior Services

Horse Meadow Senior Center
(N. Haverhill 787-2539)
Linwood Area Senior Services
(Lincoln 745-4705)
Littleton Area Senior Center
(Littleton 444-6050)
Mascoma Area Senior Center
(Canaan 523-4333)
Newfound Area Senior Services
(Bristol 744-8395)
Orford Area Senior Services
(Orford 353-9107)
Plymouth Regional Senior Center
(Plymouth 536-1204)
Upper Valley Senior Center
(Lebanon 448-4213)

Sponsoring

RSVP & The Volunteer Center
(toll-free 1-877-711-7787)
ServiceLink of Grafton County
(toll-free 1-866-634-9412)

Grafton County Senior Citizens
Council, Inc. is an equal
opportunity provider.

2013-2014 Board of Directors

Jim Varnum, *President*
Rev. Gail Dimick, *Vice President*
Emily Sands, *Treasurer*
Caroline Moore, *Secretary*
Ralph Akins
Patricia Brady
Rich Crocker
James D. "Pepper" Enderson
Clark Griffiths
Dick Jaeger
Larry Kelly
Jenny Littlewood
Mike McKinney
Flora Meyer
Molly Scheu
Becky Smith
Frank Thibodeau
Debasreeta Dutta Gupta,
Revers Tuck Board Fellow
Roberta Berner, *Executive Director*

STATEMENT OF PURPOSE

The purpose of Grafton County Senior Citizens Council is to develop, strengthen and provide programs and services which support the health, dignity and independence of older adults and adults with disabilities living in our communities.

GCSCC assumes an advocacy and leadership position with respect to identifying the needs and concerns of older persons and individuals with disabilities and informing the public of such needs.

GCSCC supports the concept of community focal points on aging wherein individuals may obtain access to comprehensive, community based services, and participate in activities that enhance their dignity, support their independence and encourage their involvement in the community.

GCSCC provides specific programs, services and educational opportunities in a variety of settings according to the availability of resources, and will pursue its mission in the most cost effective manner and through collaboration with other organizations.

Programs and services are based upon the following values:

- Older adults and adults with disabilities are individuals and adults with ambitions, capabilities and creative capacities.
- Older adults and persons with disabilities are capable of continued growth and development.
- Older adults and adults with disabilities, like all people, have certain basic needs, including opportunities for relationships and to experience a sense of achievement.
- Older adults and adults with disabilities, like all people, need access to sources of information, help for personal and family problems and the opportunity to learn from individuals coping with similar experiences.
- Older adults and adults with disabilities have a right to make choices and to be part of decision-making processes regarding issues which affect their lives.
- GCSCC will create and maintain a climate of respect, trust and support, and will provide opportunities for all individuals to exercise their skills and develop their potential as experienced adults, within the context of the whole community to which they belong and to which they bring their wisdom, experience and insight.

G:\Word Processing\GCSCC\Mission.doc.

Grafton County – South

PO Box 433
10 Campbell Street
Lebanon, NH 03766
(603) 448-1558
(603) 448-6920 FAX



1 (866) 634-9412 (toll free)
www.servicelink.org

Grafton County – North

Mt. Eustis Commons
262 Cottage Street, Suite G25
Littleton, NH 03561
(603) 444-4498
(603) 444-0379 FAX

**GRAFTON COUNTY SERVICELINK MISSION
STATEMENT**

“ServiceLink will provide a variety of proactive assistance to support individuals to live their lives as independently as possible within their own communities. ServiceLink will provide all people, including those with a disability, family members and caregivers access to information and knowledge that enables them to make informed choices regarding care and service options available in Grafton County.”

GRAFTON COUNTY SENIOR CITIZENS COUNCIL, INC.
BOARD OF DIRECTORS
2012/2015

Year/ Committee	Term	Board Member	Year/ Committee	Term	Board Member
		↓			↓
2012-2014 President	2nd 2013	James Varnum, President	Facilities	2nd 2014	Pepper Enderson
2011-2013 Vice President Governance	2nd 2013*	Rich Crocker, Vice President	Finance Facilities	2nd 2015	Clark Griffiths
2011-2013 Treasurer Finance	1st 2013	Emily Sands, Treasurer	Facilities	1st 2015	Richard G. Jaeger
2011-2013 Secretary PP&E ServiceLink	1st 2013	Caroline Moore, Secretary	Facilities Governance	1st 2015	Larry Kelly
Personnel Marketing & Development	1st 2015	Patricia Brady	Personnel Facilities Governance	3rd 2015	Jenny Littlewood
PP&E	2nd 2015	Rev. Gail Dimick		1st 2013	Mike McKinney

Finance	1 st 2014	Flora Meyer		Tuck Board Fellow	(Qiaolan) Nancy Zhuo
PP&E Marketing & Development	2 nd 2013	Molly Scheu			Roberta J. Berner Executive Director Grafton County Senior Citizens Council Inc. 10 Campbell St. PO Box 433 Lebanon, NH 03766 603-448-4897 (work) rberner@gcscc.org
Governance	1 st 2014	Becky Smith			
Finance Facilities	1 st 2015	Frank Thibodeau			

GCSCC –ServiceLink SFY 14- half year
Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Roberta Berner	EXECUTIVE DIRECTOR	34,507.20	11.31%	3,902.76
Dana Michalovic *	ASSOCIATE DIRECTOR	26,405.60	0.023%	597.29
Betsey Cheney	FINANCE DIRECTOR	21,112.00	11.31%	2,387.77
Tanya Frazier	ACCOUNTING SPECIALIST	13,936.00	11.31%	1,576.16
Barbara Tate /Replacement	ACCOUNTING/PAYROLL	10,662.60	11.31%	1,205.94
Chris Finer	DATA SYSTEMS COORDINATOR	18,002.40	11.31%	2,036.07
Elizabeth Fraser	DATA SPECIALIST	3,213.60	11.31%	363.46
Jan Thibodeau	DEVELOPMENT DIRECTOR	10,207.60	11.31%	1,154.48
			0	
			0	

* The Associate Director works 80% for Service Link and 20% for Administration.

GCSCC – ServiceLink – SFY 15
Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Roberta Berner	EXECUTIVE DIRECTOR	70,394.69	11.31%	7,961.64
Dana Michalovic *	ASSOCIATE DIRECTOR	53,872.00	0.023%	1,218.48
Betsey Cheney	FINANCE DIRECTOR	43,068.48	11.31%	4,871.05
Tanya Frazier	ACCOUNTING SPECIALIST	28,429.44	11.31%	3,215.37
Barbara Tate /Replacement	ACCOUNTING/PAYROLL	21,751.70	11.31%	2,460.12
Chris Finer	DATA SYSTEMS COORDINATOR	36,724.90	11.31%	4,153.59
Elizabeth Fraser	DATA SPECIALIST	6,555.74	11.31%	741.45
Jan Thibodeau	DEVELOPMENT DIRECTOR	20,823.50	11.31%	2,355.14

* The Associate Director works 80% for Service Link and 20% for Administration .

ROBERTA J. BERNER

Professional Experience

- 1999- **Grafton County Senior Citizens Council** Lebanon, NH
Executive Director (2003-)
- CEO of nonprofit organization that provides a wide range of community-based services for elders in Grafton County, NH: work directly with Board of Directors and Board committees; represent the agency regionally and statewide; primary spokesperson for agency; manage budget of \$3.5 million, staff of more than 100, volunteer force of 1,000; with the Board direct programmatic, personnel, financial, and other managerial directions and decisions.
- Director of Marketing and Development (1999-2003)**
- Responsible for all private fund development and public relations: capital campaigns, annual fund, grant research and development, market development, annual report, other publications, media liaison; worked closely with Board of Directors and Board committees
- 1995-1998 **Middle Mississippi Girl Scout Council** Jackson, MS
Director of Fund Development and Public Relations
- Responsible for all fund raising and public relations; worked closely with Board of Directors and conducted volunteer trainings
- 1992-1994, 1988-1991 **Mississippi Forestry Association** Jackson, MS
Director of Communications
- Produced quarterly four-color trade magazine; responsible for special projects including music video, media relations, grants development; worked with board committee
- 1987-1998 **Other Professional Contracts & Positions** Jackson, MS
- | | |
|--------------------------------|--|
| Fund Development Officer | Foundation for the Mid South |
| Grants Development Coordinator | City of Jackson |
| Instructor | Department of History, Hinds Community College |
| Arts Education Coordinator | Arts Alliance of Jackson & Hinds County |
| Grants Writer | Tougaloo College, Planetarium, Jackson State Univ. |
| Editor | Mississippi Foundation for Public Broadcasting |
- 1985-1987 **Ohio Regional Association of Concert and Lecture Enterprises (Ohio Arts Presenters Network)** Columbus, OH
Executive Director
- Chief executive of trade organization for presenters of the performing arts, artists, and arts-related agencies; affiliate of Ohio Arts Council
- 1985-1987 **Other Professional Contracts** Columbus, OH
- | | |
|---------------------|----------------------------|
| Publications Editor | Columbus Jewish Foundation |
| | Columbus Museum of Art |
- 1980-1984 **Minnesota Council on Foundations** Minneapolis, MN
Program Associate, Public Programs
- Produced newspaper for private funders and nonprofit organizations in the Twin Cities; planned and executed grants workshops with Foundation Center staff; produced directory of Minnesota foundations

1978-1980 **Minneapolis Federation for Jewish Service** Minneapolis, MN

Director of Public Relations

- Supported annual \$10 million campaign with media relations, publications development, meeting planning

1974-1984 **Other Professional Contracts & Positions** Minneapolis-St. Paul, MN

Public Information Officer	Sea Grant Program, University of Minnesota
Public Relations Writer	Cardiac Pacemakers, Inc.
Publications Editor	Enablers, Inc.
Instructor	Writing Lab, University of Minnesota
Reporter	Southside News
Teaching Assistant	American Studies, University of Minnesota

1970-1974 **Gainesville Sun** Gainesville, FL

Reporter

- Features writer, news reporter

Education

M.A. American Studies, University of Minnesota 1977

Admitted to doctoral program; concentration: social welfare history

B.A. History, University of Florida 1974

Highest honors, departmental honors, Mortar Board, Danforth nominee

Professional Awards, Honors, Memberships

2013	Grafton-Coos Regional Coordinating Committee for Community Transportation, Secretary-Treasurer
2013	Executive Committee, Upper Valley Public Health Advisory Council
2011	Named Alumnus of Notable Achievement, Univ. of Minnesota, College of Liberal Arts
2010	Faculty, Institute for Life-Long Learning at Dartmouth
2010, 2011	Faculty, Aging in America Conference (NCOA/ASA)
2009-present	Board of Directors, Kendal at Hanover; 2013-Chair, Governance Committee
2008-present	State Coordinating Committee for Community Transportation, NH
2006-2010	President, New Hampshire Coalition of Aging Services
2006-2008	Governor's Task Force on Community Transportation, NH
2007-present	Lebanon Rotary Club
2005-2006	Leadership New Hampshire
1998-2005	Lebanon Public Library Board of Trustees
2003-2005	CATV Board of Directors
2001-2003	Upper Valley Planned Giving Council, secretary
1995-1998	National Society of Fund-Raising Executives, board of directors, Mississippi chapter
1989, 1993	International Association of Business Communicators, Mississippi awards for best four-color magazine, best communications program
1979-1984	Women in Communications, Inc., Twin Cities Chapter award for best overall communications program, 1984 President, 1982-83 Officer and board member, 1979-1983
1979	National Council of Jewish Federations, outstanding newspaper award
1977, 1978	Minnesota Education Association awards for youth services newsletter

Betsey L. Cheney

OBJECTIVE

To work for a business that I can respect and where I am respected as a person; with leadership that expresses clear goals and rules; where I can use my abilities and experience to become an essential member of a smooth running team.

EXPERIENCE

Finance

Director

2009 – Current

Grafton County Senior Citizens Council, Inc., Lebanon, NH

Responsibilities: Under the general direction of the Executive Director, oversees the accounting, budget, financial reporting and audit activities of the Grafton County Senior Citizens Council. Financial Software used: QuickBooks

1992-2009

Finance

Manager

2005 –2009

Vermont Public Transportation Association, White River Jct., VT

Responsibilities: Oversee a modular fund accounting system covering a budget in excess of \$10 million subject to governmental audit standards. Perform all duties necessary from daily entries into subsidiary ledgers to analyze and provide monthly financial statements to the Board. Modules included Accounts Payable, Accounts Receivable, Payroll and General Ledger. Financial Software used: Microsoft Great Plains Dynamics. Coordinate and execute the closing of the current office with the current ongoing demands of business.

Medicaid Program Coordinator

1997 – 2005

Responsibilities: Oversee the Medicaid Program. Research and compile data as requested by Executive Director, Board of Directors, and State Officials. Develop new software with computer consultant for reconciling and reporting statistical data in a progressive manner. Answer Medicaid/Reach Up questions from Brokers, drivers and clients. Seek approval from Medicaid for Client's out-of-state trips, and mediate conflicts between the aforementioned parties. Bill Ladies First Program for trips provided by Brokers, update statistical data and provide data needed for contract renegotiation. Reconcile month's end financial accounts in Accounts Receivable, Accounts Payable, and analyze financial data for Finance Manager as requested. Back up to Finance Manager. Financial Software used: Real World and Microsoft Great Plains Dynamics.

Medicaid Assistant

1992 – 1997

Responsibilities: Reconcile Medicaid Remittance Advise from Electronic Data Systems (EDS) to each Broker's Program Reports and prepare documentation for payment. Bill Reach Up trips and assist in the payment process of bills as needed. Enter information and compile monthly statistical reports for billed Medicaid and Reach Up trips for Brokers. Maintain backup files for Medicaid/Reach Up Program.

Accounts Payable

1988 – 1989

The Hitchcock Clinic, Hanover, NH

Responsibilities: Match incoming invoices and purchase orders. Code and data entry of invoices for payment and general ledger distribution. Proof voucher printouts, issuance of checks, disbursement registers, and resolution of problems with patients and vendors.

EDUCATION

Plymouth State College, Plymouth, N.H., B.S. Business Administration, Accounting, 1978

Lebanon College, Lebanon, N.H., Computer Certificate Program, 1992

Dana Michalovic

ServiceLink of Grafton County
10 Campbell St
Lebanon, NH 03766
603-448-1558
dmichalovic@gcsc.org

Grafton County Senior Citizens Council, Inc.

2000- Present	<i>ServiceLink Director</i> - Implementation of Grafton County Aging and Disability Resource Center to support older, chronically ill adults and caregivers in their communities, in concert with a statewide information and referral network. Responsible for program management, strategic planning, supervision of staff and volunteers, collaboration with other agencies, and financial management.
2002- Present	<i>Associate Director of GCSCC</i> - Responsible to the Executive Director
1997-2002	<i>Senior Center Director</i> - Provided leadership for both the Mascoma Area Senior Center and the Upper Valley Senior Center. Direct supervision of programs and staff.
1993-1996	<i>Senior Center Social Worker</i> - One to one client counseling and outreach

Education:

1979	BA in Psychology, Bates College
2005	MBA in Leadership, Franklin Pierce College

Professional Awards, Certifications, Memberships:

- ServiceLink Network Advisory Council member
- Center on Aging and Community Living Advisory Council member
- Balancing Incentive Program Media Committee member
- Coalition on Mental Health, Substance Abuse and Aging member
- Nominated to attend the Center for Whole Community Retreat summer 2013 with a focus on the Recovery Movement in New Hampshire
- Person-Centered Thinking Pilot Course; spring 2013
- Presenter at the National Conference on Aging; March 2011
- Boston University, Institute for Geriatric Social Work, Certificate in Aging; 2011
- Presenter at the National Conference on Aging; March 2010
- Methods, Models and Tools; UNH masters level course; 2008
- Lutheran Social Services Smart Care Advisory Board; 2008 – 2010
- District IV Pandemic Planning, Vulnerable Populations; Co-Chair - 2006
- Alliance of Information and Referral – Aging Specialist; certified Oct 2005
- Presenter – NH Conference on Aging – May 2006
- Presenter – National Conference of Aging and Referral Specialists – June 2006
- Grafton County Committee on Aging – 2002-2008; Secretary
- Upper Valley Area Resource Team – 2004 –2008; founding member
- Bi-State Coalition for Community Health Improvement – 2004 – 2006; Secretary

Jane Conklin

Education:	Masters in Social Work - Univ. of Connecticut	1994
	Certificate in Aging Studies - Univ. of Minnesota	1982
	B.A. Macalester College, St. Paul, MN	1974
Additional Training:	AIRS-A Certification	2007
	Academy of Certified Social Workers (ACSW)	1999
	Person Centered Practice Training	2013
	Methods, Models, Tools/Person Centered Planning	2009
	Powerful Tools for Caregivers Facilitator	2008
	SHIP Counselor Certification	since 2007
Professional Experience:	Social Role Valorization	1994
	Long Term Support Counselor	July 2006 to present
	Service Link of Grafton County	
	Aging and Disability Resource Center	
	Lebanon, NH 03766	
	Service Coordinator	September 1994 to July 1, 2005
	United Developmental Services, Lebanon, NH	
	Coordinated services for adolescents and young adults including:	
	• Benefits planning for participants. • Facilitation and monitoring of service agreements • Locating needed resources • Assisting families to develop and file guardianship petitions • Coordinating services with schools, mental health agencies, medical providers • Assisting to develop transition plans for students preparing to leave high school.	
	Experience with personal futures planning processes including PATH, MAPS.	
	Provide emotional support to parents of children with disabilities.	
	Senior Center Director	1985 - 1992
	Grafton County Senior Citizens Council, Lebanon, NH	
	Responsible for day-to-day operations of a multi-purpose Sr. Center. Managed budget of \$350,000. Recruited, hired, and supervised 11 staff members.	

Jane Conklin
Resume

**Professional
Experience:**

Activities Director 1980 - 1982
Activities Assistant 1977 - 1980
Golden Age Nursing Home, Roseville, MN

Activities Assistant 1976 - 1977
Midway Manor Nursing Home, St. Paul, MN

Teacher Aide 1975 - 1976
Riverside Behavior Learning Center

**Social Work
Intern
Experience:**

Intern - Riverside Industries, Easthampton, MA 1993 - 1994
Implemented agency strategic planning initiative. Coordinated Board of Directors Service Committee meetings. Assisted in development of consumer satisfaction questionnaire. Co-facilitated group discussion on topic of "Aging."

Program Coordinator - YWCA, Northampton, MA 6/93 - 8/93
Assisted in the re-organization of the Transitional Living Program for battered women. Coordinated housing, childcare and transportation for participants.

Intern - YWCA, Northampton, MA 1992 - 1993
Developed a Tutor - Mentor program to provide educational assistance to teens and battered women. Recruited and trained volunteers. Assisted in preparing grant proposals.

**Volunteer
Experience:**

Sunday School Teacher -	1996 - present
Nanny for two children - England	1982 - 1985

**Professional
Affiliation:**

National Association of Social Workers (NASW)
National Association of Christians in Social Work (NACSW)

Shand Wentworth, LICSW

EXPERIENCE:

July 2011 – Present

Long Term Support Counselor, ServiceLink of Grafton County

Long term care supports, assessment and counseling provided to older and disabled adults and their caregivers. Caregiver support group facilitation and Powerful Tools for Caregivers certified class leader.

July 2007 – July 2011

Military Family Life Consultant, Healthnet, Inc. (Cordova, CA)

I provide short term, resolution focused consultation to military members and their families throughout the State of New Hampshire. I provide psycho educational presentations to help personnel and family members better understand and adjust to the military lifestyle. I perform community capacity building services to increase services in the communities in which National Guard and Reserve members live. I am a member of the Educational Outreach program which provides workshops for educational personnel to promote a better understanding of the cycles military children and their families go through in service to their Country. I report, in a timely fashion, on the work I do. I work collaboratively with all branches of the military, community resources and mental health providers to help build a support system for remote and geographically disbursed military members and their families.

September 2001 - July 2007

Clinical Social Worker, Private Practice (Littleton, NH)

I specialized in psychotherapy with children, adolescents, families and adults. I established the practice, was responsible for the accurate billing of clients and insurance companies, the posting of payments and filing of written records. I was responsible for HIPPA compliance and fiscal guidelines. I conducted biopsychosocial assessments and formulated DSM diagnoses. I consulted and collaborated with schools, physicians, psychiatrists, psychologists, and other human service agencies.

EXPERIENCE CONTINUED:

September 2001 - April 2005

Clinical Social Worker, NH Catholic Charities (Littleton, NH)

Working part time, I provided psychotherapy for adults, adolescents, children, couples and families in a remote agency setting. I was responsible for screening referrals for agency appropriateness, conducting assessments, completing intakes, providing psychotherapy, triaging cases, and networking with other agencies in the area.

May 1999 - September 2001

Clinical Coordinator for NFI North, Inc. (Jefferson, NH)

I provided individual and family counseling, designed, coordinated and implemented groups for adolescents and families; assessed suicidality, substance use, and mental status; assisted in the interview, intake and placement of referred youth; developed individual service plans in concert with the treatment team; participated in crisis intervention, the on-call system, and administrative team. I consulted with individual counselors, psychiatrists, and medical doctors to arrange for psychological/neurological testing, formal substance abuse assessments and medication evaluations. I provided clinical supervision to staff and directly supervised two family service workers. I completed all paperwork in a thorough and timely manner. I was certified in a train the trainer program for counseling and group skills.

Prior to May 1999 I completed two years of internships, one with NH Catholic Charities and one with White Mountain Mental Health, while I was in graduate school.

EDUCATION

2011 - UNH Manchester, NH

Certificate in Child and Adolescent Coaching

6 of 18 Credits accomplished

2001 - 2002 Boston University, Boston, MA

Advanced Certificate in Child and Adolescent Psychotherapy

1996 - 1999

Master of Social Work

Boston University, Boston, MA

1993 - 1995

Bachelor of Science

Springfield College, Springfield, MA

Shand Wentworth
Resume Page 3

Additional Educational Acquisitions

Airs Certified October 3, 2012

Methods, Models and Tools: Person Centered Planning Facilitation Training
30 Category 1 Continuing Education Credits
May 24, 25, 31, 2012 and June 1 & 4, 2012

Third Annual Jeanne Anderson Alzheimer's Conference
6 Category I Continuing Education Credit
October 13, 2012

Initial Training on Addiction
6 Category 1 Continuing Education Credits
August 15, 2012

Families and Addiction
3 Category 1 Continuing Education Credits
August 16, 2012

Elder Abuse and Self-Neglect; Bridging Ethical Dilemmas
6 Category 1 Continuing Education Credits
April 19, 2012

Ongoing Collaborative Consultation 3 hours a month.

Tammy Hines

Objective: To Obtain a secure position with a company where I can utilize my work experience and abilities.

Summary of Qualifications

Excellent customer service skills
Proven Leadership abilities
Accurate and detail orientated
Quick learner, organized and dependable

Information and Referral Specialist 01/12 to present **ServiceLink, Littleton NH**

Counseling clients and giving appropriate referrals for services needed.
Medicare and Medigap counseling. Outreach and demonstration of Assistive Technology equipment.
Certification for AIRS and State Health Insurance Counseling.

Team Leader/ Billing Specialist 5/98 to 10/11 **Garnet Hill Inc, Franconia NH**

Duties included: Training employees and implementing new procedures.
Follow up finesse sessions. Order maintenance. Billing Specialist. Process International orders. Approval and creation of Designer Applications.

Boxing Set up/ Material Handler 10/93 to 5/98 **Framatone Connectors, Littleton NH**

Operation of computer generated label management system. Set up and operation of color code machines. Boxing various electrical components to blueprint specifications. Training and set up of computerized engraver.
Safety action committee.

Computer/ Customer Service Manager
Hilson Home Center, Keene NH

5/89 to 7/93

Inventory Control. Coordination of yearly inventory. Daily processing of sales and various reports. Computer maintenance, cashier supervisor. Cash reconciliation and deposits. Maintained employee fund.

Assistant Manager
The Toy Works, Keene NH

4/88-5/89

Opened and closed the store, cash reconciliation, Bank deposits, sales reports. Supervision of store personnel. Customer service. Unloading trucks, stocking shelves and merchandising.

Inspector, CNC Machinist
MPB Corporation, Keene, NH

4/85-4/88

Set up and operation of Tsugami CNC's with Fanuc controls. Maintained tolerances to print. Use of various gages, calipers, micrometers and microscopic inspection of products.

Education: Keene High School. General studies. Keene NH

MARY BETH DONOHUE

EXPERIENCE

- 10/2009 – Present **ServiceLink of Grafton County:** SHIP/SMP and MIPPA Outreach Specialist; I&R Specialist, SHIP Certified
- 2006-2008 **Lancaster National Bank:** Consumer and Commercial Loan Officer/Payroll Clerk
- Responsible for assisting consumer, mortgage and commercial customers in their preparation of a loan application
 - Qualifying and preparing all documents required for approval of each type of loan
 - Ordering of appraisals, legal and flood insurance for the closing process
 - Preparation of closing and disbursement documents for new loans
 - Responsible for bank loan portfolio collections
 - Oversaw construction loans and disbursements
 - Interfaced with payroll company to ensure accurate pay for branch employees
 - Maintained local employee time worked and time-off records
- 1998-2006 **Connecticut River Bank:** Personal Banker/Lender
- Customer Service assistance
 - Opened accounts, sold and audited traveler's checks, savings bonds and cash advances
 - Assisted head teller with all monies shipped and received and the daily balancing of the vault
 - Personal assistant to the Mortgage Loan Officer
 - Took application, qualified, prepared loan documents and closed all types of installment and home equity loans
- 1994-1998 **Foxboro Savings Bank:** Branch Manager
- Responsible for five employees in a fast-paced banking environment
 - Provided and maintained staff development, evaluated performance and provided counseling and guidance when warranted. Prepared a wide variety of reports on a monthly basis

- Maintained the master vault and ensured cash limits were in compliance with existing security policy

Loan Officer:

Took applications, qualified, prepared loan documents and closed all types of installment and Home Equity Loans

Professional Training:

- Experienced in Microsoft Office Professional, including Word and Excel
- Certified Teller Certificate, CRB
- Supervisor Certificate, CRB
- Bank Security, CRB
- Laws in Banking, CRB
- IRA Training, NNECFT
- Fair Lending, CRB
- Consumer Lending, CRB
- Construction Home Compliance, NH Bankers
- Understanding Tax Returns, NH Bankers
- SHIP Certified

CAROL W. DUSTIN

EDUCATION: University of Connecticut School of Social Work
Master of Social Work Degree, August 1982
Groupwork - Major, Casework - Minor
Field of Emphasis: Aging

University of New Hampshire
Bachelor of Science in Social Work, September 1977

**PROFESSIONAL
EXPERIENCE:**

Caregiver Specialist: Transitions in Caregiving Program, Grafton County Service Link

- AIRS-Aging Certified
- Provide assessment of caregiving families, develop plan of care, assist with implementation of services
- Educate caregivers and providers regarding available services
- Assembles and reports data on caregiving families

Social Worker, Grafton County Senior Citizens Council/Mascoma Area Senior Center

- Provide basic social services within a multipurpose senior center to older and disabled residents of five rural communities
- Address issues which have potential to compromise independent living
- Provide information/assistance, crisis intervention to older people and families
- Serve as advocate in behalf of older, disabled adults
- Provide supervision to 7 social workers serving older/disabled adults

Executive Director, Grafton County Senior Citizens Council, Inc., Lebanon, NH
September 1984 to April 2003

- Serve as chief administrative officer for agency providing a variety of services to older adults residing in thirty nine communities in Grafton County
- Supervise staff of eighty-four and volunteer component of 753 individuals at eight locations throughout the County
- Direct all agency financial operations, develop grant proposals for a variety of funding sources, initiate capital fund raising efforts, annual membership drive
- Initiate collaborative efforts with other agencies for the purpose of increasing the accessibility of services within a community based long-term care system
- Direct planning, evaluation, policy development and public relations efforts
- Provide oversight for maintenance of agency properties
- Report to Board of Directors, serve as staff liaison to committees of the Board

Interim Executive Director, White River Council on Aging, White River Junction, Vermont
October 1983 to July 1984

- Administered aging program, which included two multi-purpose senior centers providing services to eight communities
- Supervised staff of eighteen, supplemented by over one hundred volunteers
- Responsible for financial management, budget preparation, development of grant proposals
- Conducted public relations, planning, evaluation efforts
- Responsible for management of consignment crafts shop
- Reported to Board of Directors, Advisory Council

Social Worker, White River Council on Aging, White River Junction, Vermont

July 1977 to September 1984

- Developed social service component which now employs three workers and provide crisis intervention, casework, outreach, advocacy, community education, case management
- Developed system of peer review, now being utilized in aging programs throughout Vermont
- Assisted in development of community based long term care program for frail elders
- Supervised staff and volunteers
- Edited monthly newsletter designed to educate and inform older people

Social Work Intern, Veterans Administration Medical Center, White River Junction, Vermont
May to September 1982

- Functioned as a medical social worker on all hospital services
- Assumed responsibility for provision of social services for large section of oncology unit
- Assisted patients and families with challenge of coping with life threatening illness, physical disability, role changes
- Responsible for discharge planning, arranging follow-up care
- Functioned as member of multi-disciplinary team

Homemaker/Home Health Aide, Lebanon Area Health Council, Lebanon, NH
March 1976 to June 1977

- Worked with frail elderly and with young families in crisis to provide supportive in-home care
- Taught parenting skills to young mothers
- Worked with disabled children and their families
- Promoted and facilitated interaction between people and needed resources

Community Education Director, Planned Parenthood of the Upper Valley, Lebanon, NH
February 1974 to January 1976

- Developed and coordinate a referral system responsive to needs of agency clients
- Developed and coordinate a hospital based contraceptive counseling program for new parents
- Trained and supervised clinic educators
- Provided educational opportunities for volunteers and staff
- Presented programs on family planning and related topics to school and community groups
- Interviewed clinic patients; provide follow up services
- Responsible for problem pregnancy and contraceptive counseling

**PROFESSIONAL
AFFILIATIONS:**

Academy of Certified Social Workers (ACSW) 1984 to present
National Association of Social Workers
NH Association of Aging and Nutrition Services - Past President
NH Association of Senior Centers - Incorporator
Engaging New Hampshire - Board Member

OTHER:

VNA & Hospice of NH/VT, hospice volunteer, past hospice board member, incorporator
City of Lebanon - past Master Plan Steering Committee
National Leadership Institute on Aging - Alumna
City of Lebanon - past Planning Board Member; Historic Preservation Committee, Fountain

Committee

United Way of the Upper Valley, past Campaign Steering Committee, Equity Committee
Lebanon Rotary Club, past chair Vocational and Community Services Committee

Lebanon Democratic Committee, secretary

Lebanon City Council, member

Employment [September 2005- current] Grafton County ServiceLink Resource Center Lebanon, NH
 Coordinate Medicare training and education to Grafton County SHIP volunteers. Implement and present public and media events on an ongoing basis. Educate and assist Medicare beneficiaries with benefit options and selection. Provide information and referrals to consumers and team members. Maintain accurate client contact records and keep database resources up to date. Compile quarterly reports. Assist with program operations as requested by the ServiceLink Resource Center Manager.

- **Health Insurance MarketPlace Assistor** – 10/2010-current
- **Medicare (SHIP) Coordinator** -05/2006 -06/2013
- **Medicare (SHIP) Certification** – 05/2006-current
- **CRS-AIRS Certification** - current to 10/5/2014

[1996-2001] MB Management Co. Boston, MA

- **Resident Coordinator**

Social Service provider for Sugar River Mills, a 62 unit subsidized housing development in Claremont, NH. This position required working with senior citizens and young families in a variety of situations.

[1991-1994] Brookside Nursing Home White River Jct., VT

- **Director, Social Service**

Admissions Coordinator in a 67-bed nursing facility. Provided counseling and direction for clients and families. Implemented in-house ethics committee and support group for family members. Interface with other department heads and nursing home personnel.

[1989-1991] Brookside Nursing Home White River Jct., VT

- **Charge Nurse/Certified Nurse Aid Instructor**

Charge Nurse position on skilled and intermediate units requiring management of staff and resident care. Certified by state of VT to teach and certify nurse aids.

[1989-1991] McLaughry Associates Inc. Hanover, NH

- **Real Estate Associate**

Licensed in New Hampshire and Vermont for residential sales of real estate. Assisted clients through buying process; prequalified for bank loans; served as intermediary with bankers, lawyers and tax assessors.

[1986-1989] Dickinson & Son Inc. Hanover, NH

- **Office Coordinator, Bookkeeper**

Coordinated scheduling and work prioritization for 6 plumbers. Managed accounts payable, accounts receivable, payroll and debt collection.

[1975-1986] Dartmouth-Hitchcock Medical Center Hanover, NH

- **Staff Nurse**

Performed staff nurse duties on medical/surgical and oncology units.

Education NH Vocational/Technical College Claremont, NH

- **Nursing Diploma**

Lebanon College

- **Bookkeeping & Accounting**

Christine Tschummi, M.A.

PROFESSIONAL EXPERIENCE

2013- Present

Vermont Health Connect

Certified Application Counselor - CAC Assister

Attended VT. Health Connect's two day training on Vermont's health care exchange under the Affordable Care Act (ACA). Reviewed Vermont's 2014 health plans, health plan eligibility, rules and regulations. Will assist and educate persons in Vermont who need help in understanding and choosing a health plan. Certified by VT. Health Connect as a Certified Application Counselor.

Vermont SHIP -Southeast Council On Aging-Senior Solutions, Springfield, VT

Vermont SHIP Volunteer Counselor

Senior Medicare Patrol Counselor (Medicare Fraud)

Counseled Medicare beneficiaries on Medicare, Long-Term Care and Medicare fraud living in Windsor and Windham Counties. Educated beneficiaries on how Medicare works with Medicaid, employer and retiree benefits, state and federal benefits and private insurance health plans. Provided community presentations on VT. SHIP, Medicare Senior Patrol and Medicare Parts A,B,C &D.

2006-2012

Self-Help for the Elderly, HICAP Program, San Mateo, CA

HICAP Program Appeal Specialist and Volunteer Coordinator

Provided one to one counseling on Medicare and Long-Term Care to Medicare beneficiaries and their families to over 160,000 living in San Mateo County. Provided Medicare expertise to HICAP counselors and staff on how Medicare works with Medi-Cal, employer and retiree health care plans, government and private insurance health plans. Gave over 50 community presentations on HICAP, Medicare, Long-Term Care and Long-Term Care Insurance. Provided Medicare appeal assistance to Medicare beneficiaries for services denied by Medicare. Over \$500,000 of appealed claims were later approved by Medicare. Recruited, trained and supervised over 25 HICAP volunteer counselors. Certified by the California Department of Aging as a HICAP Counselor, HICAP Community Educator, Long-Term Care Insurance Counselor and Long-Term Care Community Educator.

2002-2006

Senior Advocacy Services, Santa Rosa, CA

Program Manager, North Bay HICAP

Managed the Health Insurance Counseling and Advocacy Program (HICAP) administered by the California Department of Aging (CDA) for 200,000 Medicare beneficiaries within six counties: Lake, Marin, Mendocino, Napa, Solano and Sonoma. Provided information and counseling on Medicare and long-term care insurance to Medicare beneficiaries and their families. Gave over 100

PROFESSIONAL EXPERIENCE

presentation's within six counties to agencies providing services to the elderly and persons with disabilities. Recruited, trained and supervised a staff of seven and 30 volunteer counselors.

Ombudsman Program, Long-Term Care Ombudsman

Responsible for investigating complaints and problems associated with the elderly and disabled residing in residential care facilities for the elderly (RCFE's) and skilled nursing facilities (SNF) within Sonoma County as mandated by the provisions within the Older Americans Act (OAA).

1999-2001

United Seniors Health Council at the National Council on Aging (NCOA), Washington, D.C.

Long-Term Care Consultant

Updated three publications on long-term care published by USHC: "Long-Term Care Planning: A Dollar and Sense Guide", "Long-Term Care Insurance: A Professional's Guide to Selecting Policies" and "Home Care For Older People: A Consumer's Guide". Provided information and counseling on Medicare and long-term care insurance policies to consumers.

1998-1999

GE Financial Assurance, Claims Department, San Rafael, CA

Long-Term Care Insurance Benefit Analyst

Provided long-term care insurance information and explanation of benefits to customers and their family members. Assessed Activities of Daily Living (ADLs) losses, investigated and adjudicated home care, adult day health care, assisted living and nursing home benefit claims for six states. Reviewed nursing assessments, plan of care (POC) and ongoing nursing notes to determine eligibility for services.

1994-1998

San Francisco State University, Gerontology Program, San Francisco, CA

Research Associate

Assisted principal investigators on three projects: NIAAA and NIH research study on "Alcohol Use Among the Aged in Age-Segregated and Age-Integrated Housing". Researched long-term care issues, resources, grant and funding sources for LTC Administration Program. Conducted health and social assessment interviews in San Mateo County for the Chronic Care Management Project at Mills-Peninsula Hospital.

1992-1998

Private consulting business, Cobb, CA

Aging Care Consultant

Assessed, evaluated and counseled clients and their families regarding their long-term care needs. Provided ongoing case management and information and referral on aging services.

1990-1991

International Health Specialists, Newton, MA.

Home Care Coordinator

Coordinated home care services for eight neighborhoods within the city of Boston. Counseled, hired and evaluated employees and assessed all clients.

PROFESSIONAL EXPERIENCE

1987-1989

Cedars Sinai Medical Center, Home Health Dept, Los Angeles, CA.

Lifeline Program Director

Managed administrative and community relations activities of the Lifeline program an emergency response system for the aged and disabled. Educated all clients regarding the use of the Lifeline equipment. Gave community presentations on Lifeline to agencies working with the aged and disabled in the city of Los Angeles. Prepared fiscal year personnel and program budget reports as needed.

1984-1987

St. Mary's Medical Center, Home Health Dept. Long Beach, CA.

Director of Homemaker Services

Developed private pay Homemaker Services Program and its policies and procedures. Assessed all clients for appropriateness of homemaker services. Developed and coordinated care plans with St. Mary's Medicare Certified Home Health and Hospice Programs. Prepared monthly, quarterly and yearly financial reports.

SPECIAL RECOGNITION

White House Conference on Aging - Issue Expert - Washington, D. C. Appointed as an issue expert to delegates attending the Issue Resolution Development Session on Consumer choice, decision making and promoting independence in 1995.

AARP Andrus Foundation Intern at NCOA - Washington, D. C

Selected nationally for graduate internship at The National Council On the Aging funded by the American Association of Retired Persons Andrus Foundation in fall 1995. Advocated for older Americans at Congressional hearings, forums and rallies on Medicare, Medicaid, Social Security and the Nursing Home Reform Act (OBRA 87).

EDUCATION

Master of Arts - Gerontology and Long-Term Care Administration

San Francisco State University, San Francisco, CA.

Administrator-In-Training (AIT) internship

John Evans, NHA, Preceptor and Administrator Guardian at Smith Ranch, San Rafael, CA.

Bachelor of Science - Family Economics & Management

University of Connecticut, Storrs, CT.

PROFESSIONAL LICENSES

Dementia Care Specialist Certification, Alzheimer's Association

State of California RCFE Administrator Certificate # 5518864740 (currently not active)

State of California Nursing Home Administrator License # 6091 (currently not active)

REFERENCES AVAILABLE UPON REQUEST

JOYCE (JODI) M. AUSTIN

SUMMARY

Over thirty years past experience in customer service related work and currently thirteen years as a volunteer in areas directly related to serving the aging population. I have a strong commitment to a job well done, am well organized, attentive to detail and a team player.

EDUCATION

Completion of 33 units of credit at City College of San Francisco, California

CURRENT VOLUNTEER WORK AND ACTIVITIES

- Volunteer for both ServiceLink of Grafton and the Dartmouth-Hitchcock Aging Resource Center weekly.
- Serve on the Advisory Boards of both the Upper Valley Senior Center and ServiceLink of Grafton and participate in the United Valley Interfaith Project.
- Volunteer as a photographer for several non-profit organizations in Lebanon including Grafton County Senior Citizen's Council.
- 2012 Graduate of the New Hampshire Leadership class and 2013 recipient of the Vaughn Award for volunteerism from NH Governor Hassen and the 2013 Micah Heroes Award presented by the United Valley Interfaith Project for continued advocacy work on behalf of the needs of the elder.

PAST WORK HISTORY

2004-2007 *ServiceLink Resource Center of Grafton*
Thru "Program Assistant"
The National 10 Campbell Street
Able Program Lebanon, NH 03766
603/448-5321

Database entries, greet clients, assist with phones, type documents using both Microsoft Office and Excel, help design flyers and brochures, and assist the Program Director when needed. Have attended various meetings and conferences throughout the state to learn more about serving seniors and disabled in our community and have helped the Program Director with the ServiceLink display at the Dartmouth-Hitchcock November Health Fair for two years in a row.

1990-1997 *Hemming Morse Inc., San Francisco, California*
"Director of First Impressions"

Greeted and assisted clients, maintained conference room schedules, assisted with correspondence, client billings, and expense reports when needed. Needed to be aware of the whereabouts of a staff of 50, their client's appointments and personal needs.

1987-1990 *First Interstate Bank, San Francisco, California*
"Centrex Console Operator I"

Answered and directed incoming calls to a staff of 300. Assisted employees with network and conference calls, reported and followed up on technical network problems and help with departmental typing as needed. The department was relocated to Los Angeles and I did not want to move there.

1968-1987 *Barclays Bank (formerly California Canadian Bank), San Francisco, California*

Numerous positions through-out this 19 year time period including: "ATM Support Representative, A.C.H. Service Representative, Safe Deposit Custodian, Certificate Of Deposit Clerk, Telex Operator and Receptionist/Switchboard Operator". Cross-trained in various bank positions until several merges and acquisitions in the banking industry eliminated my position.

CAREER OBJECTIVE

I am dedicated to fostering a love of learning and life in school age children through enthusiastic and dynamic teaching.

EDUCATION AND TRAINING

- Providence College in Providence, Rhode Island-B.A./B.S. in Economics and Psychology 1990
- Upper Valley Teacher Institute in Lebanon, New Hampshire-Teacher Certification Kindergarten through eighth grade 2007
 - Seminars totaling 200 Hours dealing with Foundations of Education, Human Development, Curriculum and Instructions, Special Education, School Law, and Technology in the classroom.
 - Portfolio of products, materials, and evidence of meeting competency.
 - Independent Study including journaling, reading, classroom observation and the development of curriculum, lesson plans, and instructional units.
 - Collaborative Learning through Kaleidoscope Group of colleagues, meetings with mentor teacher, faculty meetings, Educational Support Team meetings, and three-way conferences with mentor and supervisor.
- Plymouth State University in Plymouth, New Hampshire- Working on Masters of Education Presently one course away from earning

HONORS

- Cum Laude Honors from Providence College
- Praxis: ETS Recognition of Excellence in Elementary Education: Content Knowledge March 2007

TEACHING

- Newbury Elementary School- 4th Grade in Newbury, Vermont 2006
- Samuel Morey Elementary School- 3rd Grade in Fairlee, Vermont 2007
- Lyme Nursery School- in Lyme, New Hampshire 2007-2008
- Monroe Elementary School- Preschool and 5th -8th Grades in Monroe, New Hampshire 2008-2009
- Warren Village School- Preschool Teacher 2012- present

SOCIAL WORK/ OUTREACH WORK

- Horse Meadow Senior Center-North Haverhill, NH 2009-present
- Service Link NH SHIP Counselor-North Haverhill, NH 2009-present

EXPERIENCE

- Developed a practice of using proactive and preventative measures to maintain a positive and safe learning environment
- Identified goals, objectives, and standards to guide planning
- Used formal and informal assessment strategies to make on-going instructional decisions and to inform future instruction
- Established and used pre- and post- assessments that measured levels of achievement and encouraged student self-evaluation
- Provided meaningful and timely feedback to students and developed organized record keeping
- Promoted student critical thinking through effective questioning and group discussion
- Participated in three-way conferences with parents, student, and teacher
- Show an understanding of individual differences and the cultural and learning diversity of students
- Used a variety of teaching methods, materials, techniques, and technologies to meet the learning needs of all students
- Facilitated individual and group projects
- Chose strategies that help students grow in self-discipline, self-motivation, and the ability to make sound personal and ethical judgments
- Gave clear directions and presented material in logical and developmentally appropriate manner

EXTRACURRICULAR

- Vermont Institute of Natural Science- Environmental Learning for the Future Educator (VINS-ELF Program Educator/Four Winds)
- Piermont Public Library Summer Program Educator for Elementary School
- Outdoor Education Chaperon for Oxbow High School Freshmen class Environmental Science Course including several mountain hikes, a canoe trip, and a several day long camping and hiking trip to Acadia National Park in Maine
- Life Skills Educator at Becket School in Pike, New Hampshire
- Snowboarding Instructor for Piermont Village School's Ski Program
- Piermont Public Library Read-Aloud Facilitator
- Weekly Read-Aloud at Piermont Village School in the Kindergarten-Second Grade Classrooms
- Chaperon and Fund-raiser for two different week long trips with the Piermont Village School's seventh and eighth grade classes to Washington D.C.
- Home Schooling Teacher of Grades Kindergarten-seven
- Vermont Professional Development Network Meeting in Literacy
- Staff Development for Educators Conference 2007, 2013
- CPR and First Aid Certification 2012
- Outdoor Escapes Hikes, Snowshoeing, and Cross-Country Skiing in the Winter 2007 and 2008
- Vermont Fish and Wildlife for Educators-Masters course in the Summer 2007
- Quilting, knitting, exercising, nutrition, cooking, and gardening

Katherine Scoppettone

EDUCATION & CERTIFICATIONS

- *Mental Health First Aid Certification - 2013*
- *Methods Models and Tools for Person-Centered Planning - 2013*
- *NH SHIP Certification - 2006- present*
- *Certified Information and Referral Specialist - 2002*
- *Hotline Crisis Counseling Volunteer Training, Headrest, Lebanon, NH 1993-present*
- *M.Ed., Counselor Education/NH Certification, Plymouth State College of the University System of New Hampshire 1993*
- *Behavioral Science Course, University of Connecticut, West Hartford, CT 1982*
- *Certification in Remotivation Course for the Elderly, New Hampshire Hospital, Concord, NH 1979.*
- *B.A., Psychology, Keene State College, Keene, NH 1979.*
- *Hospice Training, Bellows Falls, VT 1979*
- *RN Program - one semester, Massachusetts Bay Community College, Watertown, MA 1975*
- *Nurse's Aide Certification, States of Massachusetts and New Hampshire 1975*

EMPLOYMENT HISTORY

Outreach Worker, Grafton County Senior Citizens Council, Lebanon, NH 2005-present

- *Outreach, assessment, care management, advocacy and counseling for seniors and the disabled*

Middle School Guidance Counselor, Sunapee Middle High School, Sunapee, NH 2001-2004

- *individual and small group counseling*
- *504 case manager*
- *liason between teachers, parents and students*
- *teach social skills*

Hotline Crisis Counselor, Headrest, Lebanon, NH 1996-present

- *counsels callers, lodgers and walk-in clients who present in crisis*
- *provide information and referrals*

Respite House Staff, Hannah House, Lebanon, NH 1996-1998

- *supervision of teen mothers and infants*
- *informal counseling of residents*
- *models good parenting*
- *dispenses medications*
- *co-facilitates group meetings*

Special Education Tutor, Lebanon High School, Lebanon, NH 1995-1996

- *tutor students one on one in compliance with Individual Educational Plans*
- *escort and assist students on Community Explore Program*

Special Education Tutor, Sunapee Middle/High School, Sunapee, NH 1993-1995

- assist students one on one in compliance with Individual Educational Plans
- liaison between family, school and support services for the individual student
- counsel students when needed

Social Worker, Cheshire County Maplewood Nursing Home, Westmoreland, NH 1978-83.

- helped organize and plan social service programs
- interviewed and accepted applications for admission
- provided information regarding facility (150 residents) to the resident and/or family via telephone, letters, home visits or personally conducted tours
- assisted with providing emotional support and counseling to residents and their families
- liaison between the resident, the facility, the family and Department of Welfare
- participated in discharge planning and formulated discharge plans

Mental Health Worker, Medfield State Hospital, Medfield, MA 1975

Aide for Elderly, Brattleboro Retreat, Brattleboro, VT 1973

VOLUNTEER AND COMMUNITY

Hotline Counselor, Headrest, Lebanon, NH 1993 -1996

- volunteer crisis counseling for teens and adults for New Hampshire & Vermont.

Counselor, Hannah House, Lebanon, NH 1989

- volunteer counselor at a home for pregnant and parenting teenagers
- worked one on one with residents

Class Representative, Cooperative Preschool, West Lebanon, NH 1990

- organized "Week of the Young Child" project
- attended board meetings
- assisted teacher.

Action Team Member, Lebanon School Board Future Needs Committee, Lebanon, NH, 1991

- planning for individual educational plans.

INTERESTS

swimming, cross-country skiing, music, weaving, knitting, cooking

references available upon request

Phyllis L. Gonver

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Objective: Working with the elderly in a supportive and nurturing role.

Experience:

Social Worker November 2005-Present
Littleton Area Senior Center- Littleton, NH
Responsibilities include assisting clients with Medicare D enrollment, insurance, transportation and in home care and coordinated activities.

Social Worker September 2004-May 2005
Genesis Eldercare- Franconia, NH
Discharge planning, patient assessment, care planning, assisting with living wills.

Cook July 2001-September 2004
Genesis Eldercare-Franconia, NH
Responsible for organizing and preparing 65 individualized diet plans. Supervised dietary aides in preparing, serving and clean up for night meal.

Home Care Provider February 1999-November 2004
Maintaining a state certified home for disabled person needing high level of full time care physically and emotionally. Responsibilities included dispensing medications, personal care and support in daily activities.

Activities Assistant 1998-1999
Organized and implemented therapeutic outings and activities for residents

Education:

Lyndon State College- Lyndonville, VT
Bachelor of Science, human services/counseling

New Hampshire Community Technical College-Berlin, NH
Associate degree in culinary arts.

Additional Activities:

Training in CPR, non-violent crisis intervention and hospice counseling. Volunteer work includes, Meals on Wheels, pet therapy program and hospice visits.

References available upon request

William Magner

EDUCATION

September 1968 – June 1972, Saint Peter's College, Jersey City, NJ

BS – Marketing

EMPLOYMENT

February 1990 until Retirement in June 2009 , Wells Fargo Bank,
Summit, NJ

Senior Vice President Commercial Real Estate Department

- Responsible for approving, closing and monitoring loans to develop commercial real estate projects throughout, New Jersey, New York and Connecticut.

VOLUNTEER ACTIVITIES

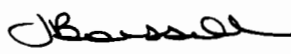
April 2011 - Present, Certified Medicare Counselor with the New Hampshire State Health Insurance Assistance Program

- Volunteer 4 hours per week at the Lebanon, NH Service Link Resource Center assisting people in identifying and understanding the various programs available to Medicare beneficiar

Subject: New Hampshire ServiceLink Resource Centers Program**AGREEMENT**

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Lakes Region Partnership for Public Health, Inc.		1.4 Contractor Address 67 Water Street, STE 105 Laconia, NH 03246	
1.5 Contractor Phone Number (603) 528-2145	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$597,849.
1.9 Contracting Officer for State Agency Mary Maggioncalda		1.10 State Agency Telephone Number 271-9096	
1.11 Contractor Signature Sally Minkow		1.12 Name and Title of Contractor Signatory SALLY MINKOW President, Board of Directors	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Belknap</u> On <u>2/3/13</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 JULIE BOISSELLE		JULIE BOISSELLE, Notary Public My Commission Expires <u>6/9/2015</u>	
1.14 State Agency Signature Shirley Rockburn		1.15 Name and Title of State Agency Signatory Shirley Rockburn Acting Associate Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <u>Rosemary Hall</u> On: <u>12-4-13 RW</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

7. PERSONNEL.

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

14. INSURANCE.

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

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



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are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Belknap County and Carroll County.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



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4.2. Options Counseling

- 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
- 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
- 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
- 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
- 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
- 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
- 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
- 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



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- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.

4.3. Streamlined Eligibility Determination for Public Programs

The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:

4.3.1. Intake and Screening

- 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.

4.3.2. Financial and Functional Eligibility Processes

Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.

- 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.

- 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:

- 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.

4.3.3. Tracking Eligibility Status

- 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



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- Eligibility System, NH Easy, and other program specific systems. Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
- The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
- Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities

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- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs.

Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



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4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



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Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



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- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



Exhibit A

- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
 - 6.5.3. The Department's current hardware standards are as follows:
 - Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.

6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;
 8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



Exhibit A

7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source.

There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



Exhibit A

Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



Exhibit A

Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determine future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.

8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

8.1.3. Develop a Staffing Contingency Plan, including but not limited to:

8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;

8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;

8.1.3.3. Discussion of time frames necessary for obtaining replacements;

8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and

8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.

8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.

8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.

8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
- Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
- The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

Assess the ethnic/cultural needs, resources and assets of their community.

Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment. When feasible and appropriate, provide clients of minimal English skills with interpretation services.

Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
Financial Manager
Bureau of Elderly and Adult Services
Department of Health and Human Services



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

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

Bidder/Program Name: Lakes Region Partnership for Public Health

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 36,151	\$ -	\$ 36,151	\$ -	\$ -	\$ -	\$ 36,151	\$ -	\$ 36,151
2. Employee Benefits	\$ 8,256	\$ -	\$ 8,256	\$ -	\$ -	\$ -	\$ 8,256	\$ -	\$ 8,256
3. Consultants	\$ 1,582	\$ -	\$ 1,582	\$ -	\$ -	\$ -	\$ 1,582	\$ -	\$ 1,582
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 406	\$ -	\$ 406	\$ -	\$ -	\$ -	\$ 406	\$ -	\$ 406
Repair and Maintenance	\$ 763	\$ -	\$ 763	\$ -	\$ -	\$ -	\$ 763	\$ -	\$ 763
Purchase/Depreciation	\$ 438	\$ -	\$ 438	\$ -	\$ -	\$ -	\$ 438	\$ -	\$ 438
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 820	\$ -	\$ 820	\$ -	\$ -	\$ -	\$ 820	\$ -	\$ 820
6. Travel	\$ 1,181	\$ -	\$ 1,181	\$ -	\$ -	\$ -	\$ 1,181	\$ -	\$ 1,181
7. Occupancy	\$ 3,708	\$ -	\$ 3,708	\$ -	\$ -	\$ -	\$ 3,708	\$ -	\$ 3,708
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 372	\$ -	\$ 372	\$ -	\$ -	\$ -	\$ 372	\$ -	\$ 372
Postage	\$ 211	\$ -	\$ 211	\$ -	\$ -	\$ -	\$ 211	\$ -	\$ 211
Subscriptions	\$ 35	\$ -	\$ 35	\$ -	\$ -	\$ -	\$ 35	\$ -	\$ 35
Audit and Legal	\$ 1,226	\$ -	\$ 1,226	\$ -	\$ -	\$ -	\$ 1,226	\$ -	\$ 1,226
Insurance	\$ 869	\$ -	\$ 869	\$ -	\$ -	\$ -	\$ 869	\$ -	\$ 869
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 41	\$ -	\$ 41	\$ -	\$ -	\$ -	\$ 41	\$ -	\$ 41
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 71	\$ -	\$ 71	\$ -	\$ -	\$ -	\$ 71	\$ -	\$ 71
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Internet & web-design	\$ 356	\$ -	\$ 356	\$ -	\$ -	\$ -	\$ 356	\$ -	\$ 356
Moving Expense	\$ 438	\$ -	\$ 438	\$ -	\$ -	\$ -	\$ 438	\$ -	\$ 438
Executive Director wages & benefits	\$ 5,685	\$ -	\$ 5,685	\$ -	\$ -	\$ -	\$ 5,685	\$ -	\$ 5,685
TOTAL	\$ 62,608	\$ -	\$ 62,608	\$ -	\$ -	\$ -	\$ 62,608	\$ -	\$ 62,608
Indirect As A Percent of Direct			0.0%			#DIV/0!			0.0%

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

Bidder/Program Name: Lakes Region Partnership for Public Health

Budget Request for: Options Counseling and Person Centered Transitions Support Program

(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 45,252	\$ -	\$ 45,252	\$ -	\$ -	\$ -	\$ 45,252	\$ -	\$ 45,252
2. Employee Benefits	\$ 9,024	\$ -	\$ 9,024	\$ -	\$ -	\$ -	\$ 9,024	\$ -	\$ 9,024
3. Consultants	\$ 1,926	\$ -	\$ 1,926	\$ -	\$ -	\$ -	\$ 1,926	\$ -	\$ 1,926
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 488	\$ -	\$ 488	\$ -	\$ -	\$ -	\$ 488	\$ -	\$ 488
Repair and Maintenance	\$ 916	\$ -	\$ 916	\$ -	\$ -	\$ -	\$ 916	\$ -	\$ 916
Purchase/Depreciation	\$ 525	\$ -	\$ 525	\$ -	\$ -	\$ -	\$ 525	\$ -	\$ 525
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 985	\$ -	\$ 985	\$ -	\$ -	\$ -	\$ 985	\$ -	\$ 985
6. Travel	\$ 1,417	\$ -	\$ 1,417	\$ -	\$ -	\$ -	\$ 1,417	\$ -	\$ 1,417
7. Occupancy	\$ 4,404	\$ -	\$ 4,404	\$ -	\$ -	\$ -	\$ 4,404	\$ -	\$ 4,404
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 447	\$ -	\$ 447	\$ -	\$ -	\$ -	\$ 447	\$ -	\$ 447
Postage	\$ 254	\$ -	\$ 254	\$ -	\$ -	\$ -	\$ 254	\$ -	\$ 254
Subscriptions	\$ 42	\$ -	\$ 42	\$ -	\$ -	\$ -	\$ 42	\$ -	\$ 42
Audit and Legal	\$ 1,492	\$ -	\$ 1,492	\$ -	\$ -	\$ -	\$ 1,492	\$ -	\$ 1,492
Insurance	\$ 1,034	\$ -	\$ 1,034	\$ -	\$ -	\$ -	\$ 1,034	\$ -	\$ 1,034
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 49	\$ -	\$ 49	\$ -	\$ -	\$ -	\$ 49	\$ -	\$ 49
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 86	\$ -	\$ 86	\$ -	\$ -	\$ -	\$ 86	\$ -	\$ 86
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Internet & web-design	\$ 427	\$ -	\$ 427	\$ -	\$ -	\$ -	\$ 427	\$ -	\$ 427
Moving Expense	\$ 525	\$ -	\$ 525	\$ -	\$ -	\$ -	\$ 525	\$ -	\$ 525
Executive Director wages & benefits	\$ 6,921	\$ -	\$ 6,921	\$ -	\$ -	\$ -	\$ 6,921	\$ -	\$ 6,921
TOTAL	\$ 76,213	\$ -	\$ 76,213	\$ -	\$ -	\$ -	\$ 76,213	\$ -	\$ 76,213
Indirect As A Percent of Direct	0.0%			#DIV/0!			0.0%		

Contractor Initials: *SM*
Date: 12-3-13

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

Bidder/Program Name: Lakes Region Partnership for Public Health

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total
1. Total Salary/Wages	\$ 22,626	\$ -	\$ 22,626	\$ -	\$ -	\$ -	\$ 22,626	\$ -	\$ 22,626
2. Employee Benefits	\$ 5,420	\$ -	\$ 5,420	\$ -	\$ -	\$ -	\$ 5,420	\$ -	\$ 5,420
3. Consultants	\$ 985	\$ -	\$ 985	\$ -	\$ -	\$ -	\$ 985	\$ -	\$ 985
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 243	\$ -	\$ 243	\$ -	\$ -	\$ -	\$ 243	\$ -	\$ 243
6. Repair and Maintenance	\$ 456	\$ -	\$ 456	\$ -	\$ -	\$ -	\$ 456	\$ -	\$ 456
7. Purchase/Depreciation	\$ 263	\$ -	\$ 263	\$ -	\$ -	\$ -	\$ 263	\$ -	\$ 263
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 490	\$ -	\$ 490	\$ -	\$ -	\$ -	\$ 490	\$ -	\$ 490
14. Travel	\$ 709	\$ -	\$ 709	\$ -	\$ -	\$ -	\$ 709	\$ -	\$ 709
15. Occupancy	\$ 2,086	\$ -	\$ 2,086	\$ -	\$ -	\$ -	\$ 2,086	\$ -	\$ 2,086
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 224	\$ -	\$ 224	\$ -	\$ -	\$ -	\$ 224	\$ -	\$ 224
18. Postage	\$ 126	\$ -	\$ 126	\$ -	\$ -	\$ -	\$ 126	\$ -	\$ 126
19. Subscriptions	\$ 21	\$ -	\$ 21	\$ -	\$ -	\$ -	\$ 21	\$ -	\$ 21
20. Audit and Legal	\$ 763	\$ -	\$ 763	\$ -	\$ -	\$ -	\$ 763	\$ -	\$ 763
21. Insurance	\$ 494	\$ -	\$ 494	\$ -	\$ -	\$ -	\$ 494	\$ -	\$ 494
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ 25	\$ -	\$ 25	\$ -	\$ -	\$ -	\$ 25	\$ -	\$ 25
24. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ 43	\$ -	\$ 43	\$ -	\$ -	\$ -	\$ 43	\$ -	\$ 43
26. Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Internet & web-design	\$ 213	\$ -	\$ 213	\$ -	\$ -	\$ -	\$ 213	\$ -	\$ 213
29. Moving Expense	\$ 263	\$ -	\$ 263	\$ -	\$ -	\$ -	\$ 263	\$ -	\$ 263
30. Executive Director wages & benefits	\$ 3,540	\$ -	\$ 3,540	\$ -	\$ -	\$ -	\$ 3,540	\$ -	\$ 3,540
TOTAL	\$ 38,988	\$ -	\$ 38,988	\$ -	\$ -	\$ -	\$ 38,988	\$ -	\$ 38,988
Indirect As A Percent of Direct	0.0%			#DIV/0!			0.0%		

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

Bidder/Program Name: Lakes Region Partnership for Public Health

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget for Services Provided by DHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 11,757	\$ -	\$ 11,757	\$ -	\$ -	\$ -	\$ 11,757	\$ -	\$ 11,757
2. Employee Benefits	\$ 2,667	\$ -	\$ 2,667	\$ -	\$ -	\$ -	\$ 2,667	\$ -	\$ 2,667
3. Consultants	\$ 287	\$ -	\$ 287	\$ -	\$ -	\$ -	\$ 287	\$ -	\$ 287
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 163	\$ -	\$ 163	\$ -	\$ -	\$ -	\$ 163	\$ -	\$ 163
Repair and Maintenance	\$ 307	\$ -	\$ 307	\$ -	\$ -	\$ -	\$ 307	\$ -	\$ 307
Purchase/Depreciation	\$ 175	\$ -	\$ 175	\$ -	\$ -	\$ -	\$ 175	\$ -	\$ 175
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 330	\$ -	\$ 330	\$ -	\$ -	\$ -	\$ 330	\$ -	\$ 330
6. Travel	\$ 473	\$ -	\$ 473	\$ -	\$ -	\$ -	\$ 473	\$ -	\$ 473
7. Occupancy	\$ 1,391	\$ -	\$ 1,391	\$ -	\$ -	\$ -	\$ 1,391	\$ -	\$ 1,391
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 149	\$ -	\$ 149	\$ -	\$ -	\$ -	\$ 149	\$ -	\$ 149
Postage	\$ 85	\$ -	\$ 85	\$ -	\$ -	\$ -	\$ 85	\$ -	\$ 85
Subscriptions	\$ 14	\$ -	\$ 14	\$ -	\$ -	\$ -	\$ 14	\$ -	\$ 14
Audit and Legal	\$ 475	\$ -	\$ 475	\$ -	\$ -	\$ -	\$ 475	\$ -	\$ 475
Insurance	\$ 328	\$ -	\$ 328	\$ -	\$ -	\$ -	\$ 328	\$ -	\$ 328
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 17	\$ -	\$ 17	\$ -	\$ -	\$ -	\$ 17	\$ -	\$ 17
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 29	\$ -	\$ 29	\$ -	\$ -	\$ -	\$ 29	\$ -	\$ 29
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Internet & web-design	\$ 143	\$ -	\$ 143	\$ -	\$ -	\$ -	\$ 143	\$ -	\$ 143
Moving Expense	\$ 175	\$ -	\$ 175	\$ -	\$ -	\$ -	\$ 175	\$ -	\$ 175
Executive Director wages & benefits	\$ 2,201	\$ -	\$ 2,201	\$ -	\$ -	\$ -	\$ 2,201	\$ -	\$ 2,201
TOTAL	\$ 21,164	\$ -	\$ 21,164	\$ -	\$ -	\$ -	\$ 21,164	\$ -	\$ 21,164
Indirect As A Percent of Direct		0.0%			#DIV/0!			0.0%	

Contractor Initials: *SM*
Date: 12-3-13

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

Bidder/Program Name: Lakes Region Partnership for Public Health

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Request Budget to be Funded by DHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 8,595	\$ -	\$ 8,595	\$ -	\$ -	\$ -	\$ 8,595	\$ -	\$ 8,595
2. Employee Benefits	\$ 2,961	\$ -	\$ 2,961	\$ -	\$ -	\$ -	\$ 2,961	\$ -	\$ 2,961
3. Consultants	\$ 193	\$ -	\$ 193	\$ -	\$ -	\$ -	\$ 193	\$ -	\$ 193
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 121	\$ -	\$ 121	\$ -	\$ -	\$ -	\$ 121	\$ -	\$ 121
Repair and Maintenance	\$ 228	\$ -	\$ 228	\$ -	\$ -	\$ -	\$ 228	\$ -	\$ 228
Purchase/Depreciation	\$ 132	\$ -	\$ 132	\$ -	\$ -	\$ -	\$ 132	\$ -	\$ 132
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 245	\$ -	\$ 245	\$ -	\$ -	\$ -	\$ 245	\$ -	\$ 245
6. Travel	\$ 354	\$ -	\$ 354	\$ -	\$ -	\$ -	\$ 354	\$ -	\$ 354
7. Occupancy	\$ 1,159	\$ -	\$ 1,159	\$ -	\$ -	\$ -	\$ 1,159	\$ -	\$ 1,159
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 112	\$ -	\$ 112	\$ -	\$ -	\$ -	\$ 112	\$ -	\$ 112
Postage	\$ 63	\$ -	\$ 63	\$ -	\$ -	\$ -	\$ 63	\$ -	\$ 63
Subscriptions	\$ 10	\$ -	\$ 10	\$ -	\$ -	\$ -	\$ 10	\$ -	\$ 10
Audit and Legal	\$ 382	\$ -	\$ 382	\$ -	\$ -	\$ -	\$ 382	\$ -	\$ 382
Insurance	\$ 271	\$ -	\$ 271	\$ -	\$ -	\$ -	\$ 271	\$ -	\$ 271
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ 12	\$ -	\$ 12	\$ -	\$ -	\$ -	\$ 12	\$ -	\$ 12
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 21	\$ -	\$ 21	\$ -	\$ -	\$ -	\$ 21	\$ -	\$ 21
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Internet & web-design	\$ 106	\$ -	\$ 106	\$ -	\$ -	\$ -	\$ 106	\$ -	\$ 106
Moving Expense	\$ 132	\$ -	\$ 132	\$ -	\$ -	\$ -	\$ 132	\$ -	\$ 132
Executive Director wages & benefits	\$ 1,771	\$ -	\$ 1,771	\$ -	\$ -	\$ -	\$ 1,771	\$ -	\$ 1,771
TOTAL	\$ 16,869	\$ -	\$ 16,869	\$ -	\$ -	\$ -	\$ 16,869	\$ -	\$ 16,869
Indirect As A Percent of Direct	0.0%			#DIV/0!			0.0%		

Contractor Initials: *SM*
Date: 12.3.13

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

Bidder/Program Name: Lakes Region Partnership for Public Health

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Budgeted Total Program Cost			Contractor Share / March 2014			Requested Budget to be Funded by DHHS Contract/Share		
	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total	Direct Incremental	Indirect	Total
1. Total Salary/Wages	\$ 79,067.00	\$ -	\$ 79,067.00	\$ -	\$ -	\$ -	\$ 79,067.00	\$ -	\$ 79,067.00
2. Employee Benefits	\$ 18,424.00	\$ -	\$ 18,424.00	\$ -	\$ -	\$ -	\$ 18,424.00	\$ -	\$ 18,424.00
3. Consultants	\$ 3,782.00	\$ -	\$ 3,782.00	\$ -	\$ -	\$ -	\$ 3,782.00	\$ -	\$ 3,782.00
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 960.00	\$ -	\$ 960.00	\$ -	\$ -	\$ -	\$ 960.00	\$ -	\$ 960.00
6. Repair and Maintenance	\$ 1,804.00	\$ -	\$ 1,804.00	\$ -	\$ -	\$ -	\$ 1,804.00	\$ -	\$ 1,804.00
7. Purchase/Depreciation	\$ 1,094.00	\$ -	\$ 1,094.00	\$ -	\$ -	\$ -	\$ 1,094.00	\$ -	\$ 1,094.00
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 1,940.00	\$ -	\$ 1,940.00	\$ -	\$ -	\$ -	\$ 1,940.00	\$ -	\$ 1,940.00
14. Travel	\$ 2,953.00	\$ -	\$ 2,953.00	\$ -	\$ -	\$ -	\$ 2,953.00	\$ -	\$ 2,953.00
15. Occupancy	\$ 8,608.00	\$ -	\$ 8,608.00	\$ -	\$ -	\$ -	\$ 8,608.00	\$ -	\$ 8,608.00
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 931.00	\$ -	\$ 931.00	\$ -	\$ -	\$ -	\$ 931.00	\$ -	\$ 931.00
18. Postage	\$ 499.00	\$ -	\$ 499.00	\$ -	\$ -	\$ -	\$ 499.00	\$ -	\$ 499.00
19. Subscriptions	\$ 82.00	\$ -	\$ 82.00	\$ -	\$ -	\$ -	\$ 82.00	\$ -	\$ 82.00
20. Audit and Legal	\$ 2,916.00	\$ -	\$ 2,916.00	\$ -	\$ -	\$ -	\$ 2,916.00	\$ -	\$ 2,916.00
21. Insurance	\$ 2,063.00	\$ -	\$ 2,063.00	\$ -	\$ -	\$ -	\$ 2,063.00	\$ -	\$ 2,063.00
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ 97.00	\$ -	\$ 97.00	\$ -	\$ -	\$ -	\$ 97.00	\$ -	\$ 97.00
24. Marketing/Communications	\$ 1,094.00	\$ -	\$ 1,094.00	\$ -	\$ -	\$ -	\$ 1,094.00	\$ -	\$ 1,094.00
25. Staff Education and Training	\$ 154.00	\$ -	\$ 154.00	\$ -	\$ -	\$ -	\$ 154.00	\$ -	\$ 154.00
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (Specify details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Internet & web design	\$ 842.00	\$ -	\$ 842.00	\$ -	\$ -	\$ -	\$ 842.00	\$ -	\$ 842.00
29. Executive Director wages & benefits	\$ 12,735.00	\$ -	\$ 12,735.00	\$ -	\$ -	\$ -	\$ 12,735.00	\$ -	\$ 12,735.00
TOTAL	\$ 140,245.00	\$ -	\$ 140,245.00	\$ -	\$ -	\$ -	\$ 140,245.00	\$ -	\$ 140,245.00
Indirect As A Percent of Direct			0.0%						0.0%

Contractor Initials
Date 12.3.13

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD									
Bidder/Program Name: Lakes Region Partnership for Public Health									
Budget Request for: Options Counseling and Person Centered Transitions Support Program									
(Name of Program)									
Budget Period: 7/1/14 - 6/30/15									
Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 42,486.00	\$ -	\$ 42,486.00	\$ -	\$ -	\$ -	\$ 42,486.00	\$ -	\$ 42,486.00
2. Employee Benefits	\$ 11,277.00	\$ -	\$ 11,277.00	\$ -	\$ -	\$ -	\$ 11,277.00	\$ -	\$ 11,277.00
3. Consultants	\$ 1,862.00	\$ -	\$ 1,862.00	\$ -	\$ -	\$ -	\$ 1,862.00	\$ -	\$ 1,862.00
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 441.00	\$ -	\$ 441.00	\$ -	\$ -	\$ -	\$ 441.00	\$ -	\$ 441.00
6. Repair and Maintenance	\$ 828.00	\$ -	\$ 828.00	\$ -	\$ -	\$ -	\$ 828.00	\$ -	\$ 828.00
7. Purchase/Depreciation	\$ 503.00	\$ -	\$ 503.00	\$ -	\$ -	\$ -	\$ 503.00	\$ -	\$ 503.00
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Info	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 890.00	\$ -	\$ 890.00	\$ -	\$ -	\$ -	\$ 890.00	\$ -	\$ 890.00
14. Travel	\$ 1,358.00	\$ -	\$ 1,358.00	\$ -	\$ -	\$ -	\$ 1,358.00	\$ -	\$ 1,358.00
15. Occupancy	\$ 4,172.00	\$ -	\$ 4,172.00	\$ -	\$ -	\$ -	\$ 4,172.00	\$ -	\$ 4,172.00
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 428.00	\$ -	\$ 428.00	\$ -	\$ -	\$ -	\$ 428.00	\$ -	\$ 428.00
18. Postage	\$ 229.00	\$ -	\$ 229.00	\$ -	\$ -	\$ -	\$ 229.00	\$ -	\$ 229.00
19. Subscriptions	\$ 38.00	\$ -	\$ 38.00	\$ -	\$ -	\$ -	\$ 38.00	\$ -	\$ 38.00
20. Audit and Legal	\$ 1,436.00	\$ -	\$ 1,436.00	\$ -	\$ -	\$ -	\$ 1,436.00	\$ -	\$ 1,436.00
21. Insurance	\$ 979.00	\$ -	\$ 979.00	\$ -	\$ -	\$ -	\$ 979.00	\$ -	\$ 979.00
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ 45.00	\$ -	\$ 45.00	\$ -	\$ -	\$ -	\$ 45.00	\$ -	\$ 45.00
24. Marketing/Communications	\$ 503.00	\$ -	\$ 503.00	\$ -	\$ -	\$ -	\$ 503.00	\$ -	\$ 503.00
25. Staff Education and Training	\$ 71.00	\$ -	\$ 71.00	\$ -	\$ -	\$ -	\$ 71.00	\$ -	\$ 71.00
26. Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific detail mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Internet & web-design	\$ 386.00	\$ -	\$ 386.00	\$ -	\$ -	\$ -	\$ 386.00	\$ -	\$ 386.00
29. Executive Director wages & benefits	\$ 6,270.00	\$ -	\$ 6,270.00	\$ -	\$ -	\$ -	\$ 6,270.00	\$ -	\$ 6,270.00
TOTAL	\$ 74,202.00	\$ -	\$ 74,202.00	\$ -	\$ -	\$ -	\$ 74,202.00	\$ -	\$ 74,202.00
Indirect As A Percent of Direct	0.0%			#DIV/0!			0.0%		

Contractor Initials
Date
SUM
12-3-13

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD									
Bidder/Program Name: Lakes Region Partnership for Public Health Budget Request for: Family Caregiver Program (Name of Program) Budget Period: 7/1/14 - 6/30/15									
Line Item	Direct Incremental	Indirect Program Cost	Total Program Cost	Direct Incremental	Indirect Program Cost	Total Program Cost	Contractor Share / Match	Direct Incremental	Indirect Program Cost
1. Total Salary/Wages	\$ 44,381.00	\$ -	\$ 44,381.00	\$ -	\$ -	\$ -	-	\$ 44,381.00	\$ -
2. Employee Benefits	\$ 10,660.00	\$ -	\$ 10,660.00	\$ -	\$ -	\$ -	-	\$ 10,660.00	\$ -
3. Consultants	\$ 2,113.00	\$ -	\$ 2,113.00	\$ -	\$ -	\$ -	-	\$ 2,113.00	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Rental	\$ 520.00	\$ -	\$ 520.00	\$ -	\$ -	\$ -	-	\$ 520.00	\$ -
Repair and Maintenance	\$ 977.00	\$ -	\$ 977.00	\$ -	\$ -	\$ -	-	\$ 977.00	\$ -
Purchase/Depreciation	\$ 590.00	\$ -	\$ 590.00	\$ -	\$ -	\$ -	-	\$ 590.00	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Office	\$ 1,050.00	\$ -	\$ 1,050.00	\$ -	\$ -	\$ -	-	\$ 1,050.00	\$ -
6. Travel	\$ 1,595.00	\$ -	\$ 1,595.00	\$ -	\$ -	\$ -	-	\$ 1,595.00	\$ -
7. Occupancy	\$ 4,636.00	\$ -	\$ 4,636.00	\$ -	\$ -	\$ -	-	\$ 4,636.00	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
Telephone	\$ 503.00	\$ -	\$ 503.00	\$ -	\$ -	\$ -	-	\$ 503.00	\$ -
Postage	\$ 271.00	\$ -	\$ 271.00	\$ -	\$ -	\$ -	-	\$ 271.00	\$ -
Subscriptions	\$ 45.00	\$ -	\$ 45.00	\$ -	\$ -	\$ -	-	\$ 45.00	\$ -
Audit and Legal	\$ 1,629.00	\$ -	\$ 1,629.00	\$ -	\$ -	\$ -	-	\$ 1,629.00	\$ -
Insurance	\$ 1,093.00	\$ -	\$ 1,093.00	\$ -	\$ -	\$ -	-	\$ 1,093.00	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
9. Software	\$ 53.00	\$ -	\$ 53.00	\$ -	\$ -	\$ -	-	\$ 53.00	\$ -
10. Marketing/Communications	\$ 590.00	\$ -	\$ 590.00	\$ -	\$ -	\$ -	-	\$ 590.00	\$ -
11. Staff Education and Training	\$ 83.00	\$ -	\$ 83.00	\$ -	\$ -	\$ -	-	\$ 83.00	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -	\$ -
13. Other (Specify Details mandatory) Internet & web-design	\$ 455.00	\$ -	\$ 455.00	\$ -	\$ -	\$ -	-	\$ 455.00	\$ -
Executive Director wages & benefits	\$ 7,116.00	\$ -	\$ 7,116.00	\$ -	\$ -	\$ -	-	\$ 7,116.00	\$ -
TOTAL	\$ 78,360.00	\$ -	\$ 78,360.00	\$ -	\$ -	\$ -	#DIV/0!	\$ 78,360.00	\$ -
Indirect As A Percent of Direct		0.0%		0.0%					

Contractor Initials
Date
12.3.13

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

Bidder/Program Name: Lakes Region Partnership for Public Health
Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Contractor Share / Match			Contractor Share / Match		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 35,995.00	\$ -	\$ 35,995.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 24,020.00	\$ -	\$ 24,020.00
2. Employee Benefits	\$ 6,933.00	\$ -	\$ 6,933.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,812.00	\$ -	\$ 5,812.00
3. Consultants	\$ 1,481.00	\$ -	\$ 1,481.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,481.00	\$ -	\$ 1,481.00
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 381.00	\$ -	\$ 381.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 381.00	\$ -	\$ 381.00
6. Repair and Maintenance	\$ 716.00	\$ -	\$ 716.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 716.00	\$ -	\$ 716.00
7. Purchases/Depreciation	\$ 438.00	\$ -	\$ 438.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 438.00	\$ -	\$ 438.00
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 770.00	\$ -	\$ 770.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 770.00	\$ -	\$ 770.00
14. Travel	\$ 1,182.00	\$ -	\$ 1,182.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,182.00	\$ -	\$ 1,182.00
15. Occupancy	\$ 3,708.00	\$ -	\$ 3,708.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,708.00	\$ -	\$ 3,708.00
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 373.00	\$ -	\$ 373.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 373.00	\$ -	\$ 373.00
18. Postage	\$ 199.00	\$ -	\$ 199.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 199.00	\$ -	\$ 199.00
19. Subscriptions	\$ 33.00	\$ -	\$ 33.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 33.00	\$ -	\$ 33.00
20. Audit and Legal	\$ 1,142.00	\$ -	\$ 1,142.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,142.00	\$ -	\$ 1,142.00
21. Insurance	\$ 861.00	\$ -	\$ 861.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 861.00	\$ -	\$ 861.00
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ 39.00	\$ -	\$ 39.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39.00	\$ -	\$ 39.00
24. Marketing/Communications	\$ 438.00	\$ -	\$ 438.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 438.00	\$ -	\$ 438.00
25. Staff Education and Training	\$ 62.00	\$ -	\$ 62.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 62.00	\$ -	\$ 62.00
26. Subcontract/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Internet & web-design	\$ 334.00	\$ -	\$ 334.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 334.00	\$ -	\$ 334.00
29. Executive Director wages & benefits	\$ 4,987.00	\$ -	\$ 4,987.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,987.00	\$ -	\$ 4,987.00
TOTAL	\$ 60,072.00	\$ -	\$ 60,072.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46,976.00	\$ -	\$ 46,976.00
Indirect As A Percent of Direct	0.0%			0.0%						0.0%		

Contractor Initials: *SM*
Date: 12.3.13

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD									
Bidder/Program Name: Lakes Region Partnership for Public Health Budget Request for: Senior Medicare Patrol Program (Name of Program) Budget Period: 7/1/14 - 6/30/15									
Line Item	Direct	Indirect	Total	Contractor Share	Match	Indirect	Indirect	Indirect	Indirect
1. Total Salary/Wages	\$ 22,486.00	\$ -	\$ 22,486.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,486.00
2. Employee Benefits	\$ 6,548.00	\$ -	\$ 6,548.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,548.00
3. Consultants	\$ 1,174.00	\$ -	\$ 1,174.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,174.00
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 287.00	\$ -	\$ 287.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 287.00
Repair and Maintenance	\$ 539.00	\$ -	\$ 539.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 539.00
Purchase/Depreciation	\$ 328.00	\$ -	\$ 328.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 328.00
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 580.00	\$ -	\$ 580.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 580.00
6. Travel	\$ 886.00	\$ -	\$ 886.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 886.00
7. Occupancy	\$ 2,781.00	\$ -	\$ 2,781.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,781.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 279.00	\$ -	\$ 279.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 279.00
Postage	\$ 150.00	\$ -	\$ 150.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 150.00
Subscriptions	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25.00
Audit and Legal	\$ 905.00	\$ -	\$ 905.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 905.00
Insurance	\$ 649.00	\$ -	\$ 649.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 649.00
9. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ 29.00	\$ -	\$ 29.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29.00
10. Marketing/Communications	\$ 328.00	\$ -	\$ 328.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 328.00
11. Staff Education and Training	\$ 46.00	\$ -	\$ 46.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Internet & web-design	\$ 251.00	\$ -	\$ 251.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 251.00
Executive Director wages & benefits	\$ 3,953.00	\$ -	\$ 3,953.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,953.00
TOTAL	\$ 42,224.00	\$ -	\$ 42,224.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 42,224.00
Indirect As A Percent of Direct									0.0%

Contractor Initials
Date 12.3.13

NH Department of Health and Human Services

STANDARD EXHIBIT C

SPECIAL PROVISIONS

1. 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:

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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:

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 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:

9. 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:

9.1 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.

9.2 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.

9.3 Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor 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.

10.1 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.

10.2 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.

11. 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.

12. Reports: Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.

12.1 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.

12.2 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.

13. 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.

14. 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:

14.1 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.

15. 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.

16. 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.

17. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

SPECIAL PROVISIONS – 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.

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.

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services

STANDARD EXHIBIT D

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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) 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;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) 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);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) Abide by the terms of the statement; and
 - (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;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(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;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (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
 - (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;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) 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.

Effective date of contract to 6/30/15

LAKES Region Partnership
for Public Health, Inc. From: To:
(Contractor Name) (Period Covered by this Certification)

SALLY MINKOW President Board of Directors
(Name & Title of Authorized Contractor Representative)

Sally Minkow 12.3.13
(Contractor Representative Signature) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT E

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

Contract Period: Effective through DATE OF CONTRACT to 4/30/15

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.

SALLY MINKOW President Board of Directors
 (Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Sally Minkow

LAKES Region Partnership for Public Health, Inc. 12/31/13
 (Contractor Name) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

**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

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) 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;
 - (c) 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
 - (d) 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.
- (2) 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

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:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) 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).

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.

Sally Minkow (Contractor Representative Signature) Sally Minkow President Board of Directors (Authorized Contractor Representative Name & Title)
Lakes Region Partnership for Public Health, Inc. (Contractor Name) 12/3/13 (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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 make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

Sally Minkow (Contractor Representative Signature) Sally Minkow president board of directors (Authorized Contractor Representative Name & Title)

Lakes Region Partnership for Public Health, Inc. (Contractor Name) 12/3/13 (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT H

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.

Sally Minkow Sally Minkow President Board of Directors
 (Contractor Representative Signature) Authorized Contractor Representative Name & Title

Lakes Region Partnership for Public Health, Inc. 12/3/13
 (Contractor Name) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 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 and those parts of the HITECH Act 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.

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- 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.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 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 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- 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, unreasonable, 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) 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, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do 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 HITECH Act, Subtitle D, Part 1, Sec. 13402 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 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. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. 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.
- d. 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)b and (3)k herein. 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 pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. 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.
- f. 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.
- g. 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.

- h. 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.
- i. 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.
- j. 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.
- k. 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 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 standard provision #10 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, and the HITECH Act as 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 and the HITECH Act.
- 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 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Department of Health & Human Services Lakes Region Partnership for Public Health, Inc.
The State Agency Name Name of the Contractor

Sheri L. Rockburn
Signature of Authorized Representative

Sally Minkow
Signature of Authorized Representative

Sheri L. Rockburn
Name of Authorized Representative

SALLY MINKOW
Name of Authorized Representative

Acting Associate Commissioner
Title of Authorized Representative

President Board of Directors
Title of Authorized Representative

12/4/13
Date

12.3.13
Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

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:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. 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.

Sally Minkow SALLY MINKOW, President Board of Directors
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC. 12/3/13
(Contractor Name) (Date)

Contractor initials: SM
Date: 12.3.13
Page # _____ of Page # _____

NH Department of Health and Human Services

STANDARD EXHIBIT J

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?

☒ 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: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Contractor initials: SM

Date: 12.3.13

Page # _____ of Page # _____

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 formed April 21, 2005. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 19th day of November A.D. 2013

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, John Beland, of Lakes Region Partnership for Public Health, Inc. , do hereby certify that:

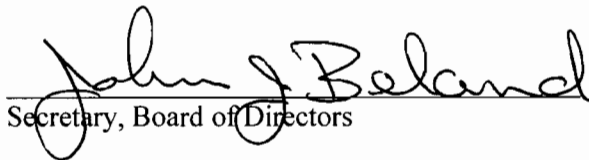
1. I am the duly elected Secretary of the Lakes Region Partnership for Public Health, Inc;
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the corporation duly held on September 29, 2011;

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, acting through its Department of Health and Human Services;

RESOLVED: That the President and/or Vice President 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; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate. Sally Minkow is the duly elected President and Margaret Pritchard is the duly elected Vice President of the corporation.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of December 3, 2013.

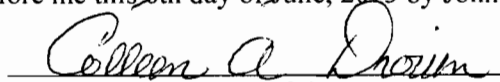
IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the corporation this 3rd day of December, 2013.


Secretary, Board of Directors

(CORPORATE SEAL)
STATE OF NH
COUNTY OF BELKNAP

The foregoing instrument was acknowledged before me this ^{3rd} day of ~~June~~ December, 2013 by John Beland. CAD




Notary Public/Justice of the Peace
My Commission Expires: 8/14/18



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/3/2013

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 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 FAX (A/C No.): (603) 293-7188 E-MAIL ADDRESS: pat@esinsurance.com	
INSURED Lakes Region Partnership for Public Health, 67 Water Street, Suite 105 Laconia NH 03246	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Great American Ins Group	
	INSURER B: Hartford Underwriters Insuranc	30104
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2013 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			MAC3793453-07	3/10/2013	3/10/2014	EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	☐ CLAIMS-MADE ☒ OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	☒ POLICY ☐ PRO-JECT ☐ LOC						GENERAL AGGREGATE \$ 2,000,000
A	AUTOMOBILE LIABILITY			CAP1898681-03	3/10/2013	3/10/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS ☒ SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS ☒ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB			UMB3793454-07	3/10/2013	3/10/2014	Uninsured motorist combined \$ 1,000,000
	☐ EXCESS LIAB						EACH OCCURRENCE \$ 1,000,000
	☐ DED ☒ RETENTION \$ 10,000						AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			04WECRJ0009	1/1/2013	1/1/2014	WC STATUTORY LIMITS ☐ OTHER ☐
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N ☐	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**

State of NH Dept of Health & Human Serv.
Bureau of Elderly & Adult Services
Attn: Catherine Cormier, Contract Admin
129 Pleasant Street
Concord, NH 03301-3857

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

Pat Mack/PAT

Lakes Region Partnership for Public Health, Inc.

67 Water Street, Suite 105, Laconia, NH 03246 ~ 603.528.2145 ~ www.LRPPH.org



Mission: To improve the health and well being of the Lakes Region through inter-organizational collaboration and community and public health improvement activities.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.

FINANCIAL STATEMENTS

JUNE 30, 2012 AND 2011

COMPLIANCE REPORT JUNE 30, 2012

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.

FINANCIAL STATEMENTS AND COMPLIANCE REPORT

JUNE 30, 2012 AND 2011

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Lakes Region Partnership for Public Health, Inc.
Laconia, New Hampshire 03246

We have audited the accompanying statements of financial position of Lakes Region Partnership for Public Health, Inc. (a nonprofit Organization) as of June 30, 2012 and 2011, and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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 of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our 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, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated January 24, 2013, on our consideration of Lakes Region Partnership for Public Health, Inc.'s, internal control over financial reporting and 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* and should be considered in assessing the results of our audits.

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 U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the basic 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 basic 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 basic financial statements taken as a whole.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.

STATEMENTS OF FINANCIAL POSITION

JUNE 30

ASSETS

	<u>2012</u>	<u>2011</u>
CURRENT ASSETS		
Cash	\$ 50,033	\$ 38,735
Cash - restricted	4,705	59,698
Cash - restricted fiduciary fund	25,003	10,949
Contracts receivable	123,286	85,606
Grants receivable - restricted	3,000	3,500
Prepaid expenses	44,374	29,092
	<u>250,401</u>	<u>227,580</u>
Total Current Assets		
PROPERTY AND EQUIPMENT		
Leasehold improvements	4,561	4,561
Furniture and equipment	14,510	14,510
Office equipment	25,908	25,908
Less, accumulated depreciation	(24,729)	(18,256)
	<u>20,250</u>	<u>26,723</u>
Net Property and Equipment		
OTHER ASSETS		
Deposit	2,499	2,499
	<u>2,499</u>	<u>2,499</u>
Total Other Assets		
TOTAL ASSETS	\$ <u>273,150</u>	\$ <u>256,802</u>

LIABILITIES AND NET ASSETS

	<u>2012</u>	<u>2011</u>
CURRENT LIABILITIES		
Accounts payable	\$ 33,403	\$ 28,276
Accrued payroll	9,055	28,970
Accrued compensated absences	15,657	17,471
Accrued other expenses	15,000	15,000
Deferred contract revenue	95,533	43,421
Fiduciary funds	25,003	10,949
Current portion long term debt	<u>1,695</u>	<u>1,666</u>
Total Current Liabilities	<u>195,346</u>	<u>145,753</u>
LONG TERM DEBT		
Note payable	1,695	3,367
Less current portion	<u>(1,695)</u>	<u>(1,666)</u>
Total Long Term Debt	<u>-</u>	<u>1,701</u>
Total Liabilities	<u>195,346</u>	<u>147,454</u>
NET ASSETS		
Unrestricted	70,099	46,150
Temporarily restricted	<u>7,705</u>	<u>63,198</u>
Total Net Assets	<u>77,804</u>	<u>109,348</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 273,150</u>	<u>\$ 256,802</u>

See accompanying notes and independent auditors' report

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.

STATEMENTS OF ACTIVITIES

JUNE 30

	<u>2012</u>	<u>%</u>	<u>2011</u>	<u>%</u>
UNRESTRICTED NET ASSETS				
Unrestricted Support				
Contributions	\$ 7,479	0.8	\$ 3,125	0.3
In-kind support	13,535	1.4	15,081	1.5
Federal funds	658,065	68.2	767,118	74.7
State funds	61,714	6.4	166,775	16.2
Private grants and awards	90,310	9.4	-	0.0
Special events	2,144	0.2	3,629	0.4
Agent fees	60,355	6.3	8,600	0.8
Miscellaneous income	8,111	0.8	3,004	0.3
Interest income	127	0.0	166	0.0
Total Support	901,840	93.5	967,498	94.2
Net assets released from restrictions	63,127	6.5	59,677	5.8
Total Unrestricted Support and Revenue	964,967	100.0	1,027,175	100.0
Expenses				
Programs services	793,586	82.2	927,424	90.2
Management and general	145,424	14.9	105,900	10.3
Fundraising	2,008	0.2	2,227	0.2
Total expenses	941,018	97.3	1,035,551	100.7
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	23,949	2.7	(8,376)	(0.7)
TEMPORARILY RESTRICTED NET ASSETS				
Federal & state contract and awards	5,540		7,145	
Private grants and awards	2,094		1,311	
Net assets released from restrictions	(63,127)		(59,677)	
INCREASE (DECREASE) IN TEMPORARILY RESTRICTED NET ASSETS	(55,493)		(51,221)	
INCREASE (DECREASE) IN NET ASSETS	(31,544)		(59,597)	
NET ASSETS AT BEGINNING OF YEAR	109,348		168,945	
NET ASSETS AT END OF YEAR	\$ 77,804		\$ 109,348	

See accompanying notes and independent auditors' report

LAKE\$ REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
STATEMENT OF FUNCTIONAL EXPENSES
JUNE 30, 2012

	<u>Program</u>	<u>Management & Administrative</u>	<u>Fundraising</u>	<u>Total</u>	<u>%</u>
Salaries and wages	\$ 382,739	\$ 84,269	\$ -	\$ 467,008	48.3
Employee benefits & insurance	67,807	13,370	-	81,177	8.4
Professional fees	8,502	36,212	-	44,714	4.6
Office expense	7,184	1,992	-	9,176	1.0
Program supplies	11,918	-	-	11,918	1.2
Contract service	179,741	-	-	179,741	18.6
Occupancy	29,669	-	-	29,669	3.1
Donated program services	13,535	-	-	13,535	1.4
Telephone	6,486	-	-	6,486	0.7
Staff education/meetings	28,041	329	-	28,370	2.9
Community education	34,969	-	-	34,969	3.6
Repair and maintenance	6,899	-	-	6,899	0.7
Miscellaneous	518	1,373	-	1,891	0.2
Insurance	6,852	900	-	7,752	0.8
Equipment purchase/rent	6,690	432	-	7,122	0.7
Fundraising	-	-	2,008	2,008	0.2
Postage	1,703	-	-	1,703	0.2
Depreciation	-	6,472	-	6,472	0.7
Dues	333	75	-	408	0.0
Total Functional Expenses	\$ 793,586	\$ 145,424	\$ 2,008	\$ 941,018	97.3

See accompanying notes and independent auditors' report

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
STATEMENT OF FUNCTIONAL EXPENSES
JUNE 30, 2011

	<u>Program</u>	<u>Management & Administrative</u>	<u>Fundraising</u>	<u>Total</u>	<u>%</u>
Salaries and wages	\$ 392,823	\$ 69,891	\$ -	\$ 462,714	45.0
Employee benefits & insurance	72,828	7,342	-	80,170	7.8
Professional fees	24,039	15,075	-	39,114	3.8
Office expense	27,430	3,478	14	30,922	3.0
Program supplies	35,218	-	-	35,218	3.4
Contract service	222,149	-	-	222,149	21.6
Occupancy	37,222	-	-	37,222	3.6
Donated program services	15,081	-	-	15,081	1.5
Telephone	8,825	-	-	8,825	0.9
Staff education/meetings	27,637	246	-	27,883	2.7
Community education	38,550	-	-	38,550	3.8
Repair and maintenance	4,920	147	-	5,067	0.5
Miscellaneous	1,469	1,020	-	2,489	0.2
Insurance	5,903	1,488	-	7,391	0.7
Equipment purchase/rent	9,123	-	-	9,123	0.9
Fundraising	-	-	2,213	2,213	0.2
Postage	3,461	12	-	3,473	0.3
Depreciation	-	7,119	-	7,119	0.7
Dues	746	-	-	746	0.1
Amortization	-	82	-	82	0.0
Total Functional Expenses	\$ 927,424	\$ 105,900	\$ 2,227	\$ 1,035,551	100.7

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
STATEMENTS OF CASH FLOWS
JUNE 30

	<u>2012</u>	<u>2011</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase(decrease) in net assets	\$ (31,544)	\$ (59,597)
Adjustments to reconcile net assets to net cash provided by (used in) operations:		
(Increase) decrease in assets:		
Depreciation and amortization	6,472	7,201
(Increase) decrease in contracts receivable	(37,680)	53,268
(Increase) decrease in grants receivable	500	46,500
(Increase) decrease in prepaid expenses	(15,282)	(21,536)
 Increase (decrease) in liabilities:		
Increase (decrease) in accounts payable	5,127	(82,633)
Increase (decrease) in accrued liabilities	(21,729)	12,828
Increase (decrease) in fiduciary passthrough	14,054	2,427
Increase (decrease) in deferred revenue	52,112	34,815
 Cash Provided by (Used in) Operations	<u>(27,971)</u>	<u>(6,727)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment	<u>-</u>	<u>(9,192)</u>
 Net Cash Provided by (Used in) Investing Activities	<u>-</u>	<u>(9,192)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Payment on long-term debt	<u>(1,673)</u>	<u>(1,633)</u>
 Net Cash Provided by (Used in) Financing Activities	<u>(1,673)</u>	<u>(1,633)</u>
 Net increase (decrease) in cash & cash equivalents	(29,644)	(17,552)
 Cash & cash equivalents, Beginning of Year	<u>109,382</u>	<u>126,934</u>
 Cash & cash equivalents, End of Year	<u>\$ 79,738</u>	<u>\$ 109,382</u>
 Supplemental disclosure of cash flow information		
 Cash paid during year for interest	\$ 39	\$ 85

See accompanying notes and independent auditors' report

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2012 AND 2011

Note 1 - Summary of Significant Accounting Policies

Organization

Lakes Region Partnership for Public Health, Inc. (the Organization) 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.

a. Basis of Accounting

The Organization uses the accrual basis of accounting in accordance with generally accepted accounting principles.

b. Net Assets

In accordance with generally accepted accounting principles, the Organization 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. In addition, the Organization is required to present a statement of cash flows.

Unrestricted

The Organization reports gifts of cash, land, buildings, and equipment as unrestricted unless explicit donor stipulations specify how the donated assets must be used.

Temporarily Restricted

The Organization reports gifts of cash, grants and other assets as 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 activities as net assets released from restrictions.

Permanently Restricted

The Organization's permanently restricted net assets consist of donor restricted bequests providing for permanent endowments, which are intended to provide a permanent source of income. The endowment principal is held for investment in an agency endowment fund. The Organization has no permanently restricted net assets.

c. Grants and Awards

The Organization uses the accrual method of accounting for all significant items of revenue and expense. Grants are recorded when awarded. Restricted funds are accounted for in accordance with various donor and grantor requirements.

d. Exchange Transactions

The Organization recognizes some grants and awards as exchange transactions. Accordingly, revenue is recognized when earned and expenses are recognized as incurred.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2012 AND 2011

Note 1 - Summary of Significant Accounting Policies (cont'd)

e. Tax Status

The Organization qualifies as a tax-exempt Organization under Section 501(c)(3) of the Internal Revenue Code and, therefore, has no provision for federal income taxes. In addition, the Organization has been determined by the Internal Revenue Service not to be a private foundation within the meaning of section 509 (a) of the code. As of June 30, 2012 and 2011, there was no unrelated business income for the organization.

f. Functional Expenses

Functional expenses have been allocated between Program Services and Supporting Services based on an analysis of personnel time and space utilized for the related activities.

g. Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

h. Restricted Cash

The Organization considers all highly liquid investments with a maturity of three months or less when purchased and restricted for a particular purpose to be included in restricted cash.

i. Contributions

The Organization elected to adopt U.S. generally accepted accounting principles. In accordance with U.S. generally accepted accounting principles, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Under U.S. GAAP, all donor restricted contributions are required to be reported as temporarily restricted or permanently restricted net assets, depending on the nature of the restriction. When a 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 activities as net assets released from restrictions.

j. Estimates

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

k. Federally Insured Limits

The Organization maintains its cash at a financial institution whose accounts are secured by the Federal Deposit Insurance Corporation for up to \$250,000, in the aggregate. The Organization had no balances which exceeded insured limits as of June 30, 2012 and 2011.

On November 9, 2011 the FDIC issued a final ruling that provides for unlimited insurance coverage for noninterest-bearing transaction accounts. This unlimited coverage is separate from, and in addition to, the insurance coverage noted above. Money Market Deposit Accounts (MMDA's) and Negotiable Order of Withdrawal (NOW) accounts are not eligible for this unlimited insurance coverage.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2012 AND 2011

Note 1 - Summary of Significant Accounting Policies (cont'd)

l. Advertising Costs

The Organization expenses advertising costs as they are incurred. There were no advertising costs for the year ending June 30, 2012 and 2011.

m. Accrued Vacation Wages

Employees of the Organization working full-time and part-time employees working an excess of 20 hours per week are entitled to paid time off. Vacation time is earned from the first day of work. A maximum of 160 hours can be accumulated. Accumulated vacation time is payable upon termination of employment with proper notice. The Organization accrues accumulated vacation wages accordingly.

n. Income Taxes

The Organization adopted the recognition requirements for uncertain income tax positions as required by generally accepted accounting principles, with no cumulative effect adjustment required. Income tax benefits are recognized for income tax positions taken or expected to be taken in a tax return, only when it is determined that the income tax position will more-likely-than-not be sustained upon examination by taxing authorities. The Organization has analyzed tax positions taken for filing with the Internal Revenue Service and all state jurisdictions where it operates. The Organization believes that income tax filing positions will be sustained upon examination and does not anticipate any adjustments that would result in a material adverse affect on the Organization's financial condition, results of operations or cash flows. Accordingly, the Organization has not recorded any reserves, or related accruals for interest and penalties for uncertain income tax positions at June 30, 2012 and 2011.

The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Organization believes it is no longer subject to income tax examinations for years prior to 2008.

The Organization's policy is to classify income tax related interest and penalties in interest expense and other expenses, respectively.

Under generally accepted accounting principles effective September 15, 2009, an Organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more likely than not that the position will be sustained. The implementation of this generally accepted accounting principle had no impact on the Organization's financial statements. The Organization does not believe there are any material uncertain tax positions and, accordingly, it will not recognize any liability for unrecognized tax benefits.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2012 AND 2011

Note 2 - Property and Equipment

Donations of property and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. Absent donor stipulations regarding how long these donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies temporarily restricted net assets to unrestricted net assets at that time.

Property and equipment are carried at cost. Depreciation of property and equipment is provided using the straight-line method for financial reporting purposes at rates based on the following estimated useful lives.

	Years
Leasehold improvements	10-15
Office equipment	5-10
Furniture and fixtures	7-15

Expenditures for major renewals and betterments that extend the useful lives of property and equipment are capitalized. Expenditures for maintenance and repairs are charged to expense as incurred. Depreciation expense for the year ended June 30, 2012 and 2011 was \$6,472 and \$7,119 respectively.

Note 3 - Line of Credit

The Organization has a \$25,000 line of credit with Bank of New Hampshire. The note calls for monthly interest payments at Wall Street Journal prime rate until full payment is made. At June 30, 2012 and 2011, the balance of the line-of-credit was \$0.

Note 4 - Donated Services & In-kind

Donated services are recognized if the services received require special skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Donated services for volunteer counselors have been reflected in the financial statements as support and expense.

For the year ended June 30, 2012 the estimated value of the volunteers donated time was \$11,910 based on 595.5 of recorded volunteer hours valued at approximately \$20 per hour. Donated in-kind goods and other services totaled \$1,625.

For the year ended June 30, 2011, the estimated value of the volunteers donated time was \$7,060, based on 353 of recorded volunteer hours valued at approximately \$20 per hour. Donated in-kind goods and other services totaled \$8,021.

Note 5 - Related Party Transactions

The Organization has entered into transactions with board members whereby certain members have incurred out of pocket expenses for items to benefit the program and have subsequently been reimbursed. In each case the reimbursement request was submitted for approval by the executive director and supported by an itemized receipt. None of the reimburse amounts exceeded \$100.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2012 AND 2011

Note 5 - Related Party Transactions (cont'd)

For the year ended June 30, 2011, the Organization also entered into a contract with Avantek Services for purchase and installation of new servers and related hardware and software. The account manager for Avantek is the spouse of an employee of the Organization. The Organization requested and received two quotes for these services before engaging Avantek to complete the work. The total cost of services under this contract will be \$9,192.

Note 6 - Concentrations

The Organization's source of revenue and support are as follows:

	<u>2012</u>	<u>2011</u>
Federal Sources	72.4	79.3
State Sources	7.4	17.1
Private Grants	10.2	-
In-kind Support	1.5	1.5
Contributions	0.8	0.4
Agent Fees	6.6	-
Other	1.1	1.7
	<u>100 %</u>	<u>100 %</u>

The services provided by the Organization are funded primarily by grants and awards from federal and state funds. If federal and state budget reforms are made they might have significant future impact on operating income.

Note 7 - Long Term Debt

On June 3, 2011 the Organization entered into a loan agreement with New Hampshire Health and Education Facilities Authority under which the Organization received proceeds of \$5,000 for a term of 3 years at 2.0% interest. The note is payable in thirty-six monthly installments of \$143.21 beginning on July 5, 2011. The proceeds of this loan will be used to purchase a terminal server. The balance of this note at June 30, 2012 and 2011 was \$1,695 and \$3,367, respectively.

Maturity of long-term debt is as follows:

<u>Year</u>	<u>Amount</u>
2013	<u>\$ 1,695</u>
Total	<u>\$ 1,695</u>

Note 8 - Lease

On September 1, 2007 the Organization entered into a one year renewable lease for new office with annual increases tied to the Consumer Price Index at June 30. On September 1, 2009 the Organization leased additional office space under the same terms. The lease was renewed on September 1, 2012 and 2011 with monthly lease payments of \$1,943 and \$2,338, respectively.

Lease expense for the year ended June 30, 2012 and 2011 was \$24,106 and \$27,689, respectively.

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2012 AND 2011

Note 9 - Restricted Net Assets

Substantially all of the restrictions on net assets for the year ended June 30, 2012 and 2011 are related to donor stipulations that limit the use of the donated assets. When the restrictions expire, the amounts will be reclassified to unrestricted net assets.

Temporarily restricted net assets include the following:

	<u>2012</u>	<u>2011</u>
Family Caregivers Network	\$ 4,598	\$ 4,755
Town Hall	500	-
Volunteer Cert	777	569
N4A	1,006	1,006
MIPPA	-	5,098
HEAL	208	46,168
Other	616	5,602
	<u>\$ 7,705</u>	<u>\$ 63,198</u>

Note 10 - Exchange Transaction

The Organization has been awarded federal and state grants that for financial statement presentation are considered exchange transactions. The revenue and expense from an exchange transaction are treated as unrestricted net assets, even in circumstances in which resource providers have placed limitations on the use of the resources. For the year ended June 30, 2012 and 2011 the Organization has \$123,286 and \$85,606 in contract receivable, and \$95,533 and \$43,421 in deferred contract revenue, respectively.

The contracts that are expected to be received in the future are as follows for
fiscal year ending June 30: RFP # 14 DHHS-DCBCS-BEAS-03

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	<u>2012</u>	<u>2011</u>
BEAS	\$ 19,015	\$ 148,316
UNH	1,632	-
PHN	-	1,651
IMM	-	1,919
MLC-JSI	1,876	-
PIP	-	9,377
NH Cit CERTS	-	217
Care Transitions	8,666	49,346
NH Cit Certs	-	8,980
Healthy Homes	6,766	-
Endowment for Health	8,687	-
HNH Gardening	59,087	-
NH Charitable Foundation	16,020	-
	<u>\$ 121,749</u>	<u>\$ 219,806</u>

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2012 AND 2011

Note 11 - Grant Receivable

Grants receivables are as follows:

	<u>2012</u>	<u>2011</u>
Receivable in less than one year	\$ 3,000	\$ 3,500
	<u>\$ 3,000</u>	<u>\$ 3,500</u>

Note 12 - Subsequent Events

In preparing these financial statements, the Organization has evaluated subsequent events and transactions for potential recognition or disclosure through January 24, 2013, the date the financial statements are available to be issued.

SUPPLEMENTARY INFORMATION AND COMPLIANCE REPORT

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2012

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Federal Expenditures (\$)
<i>Homeland Security Cluster-Cluster</i>			
Department of Homeland Security			
Pass-Through Programs From			
Homeland Security Grant Program	97.067	2007-GE-T7-00853	\$12,206
Total Homeland Security Grant Program			<u>\$12,206</u>
Total Department of Homeland Security			<u>\$12,206</u>
Total Homeland Security Cluster-Cluster			<u>\$12,206</u>
<i>Immunization Cluster-Cluster</i>			
Department of Health and Human Services Direct Programs			
Immunization Grants	93.268		\$6,000
Total Department of Health and Human Services			<u>\$6,000</u>
Total Immunization Cluster-Cluster			<u>\$6,000</u>
<i>Medicaid Cluster-Cluster</i>			
Department of Health and Human Services Pass-Through Programs From			
Medical Assistance Program	93.778	6180550500398	\$48,252
Total Medical Assistance Program			<u>\$48,252</u>
Total Department of Health and Human Services			<u>\$48,252</u>
Total Medicaid Cluster-Cluster			<u>\$48,252</u>
<i>Other Programs</i>			
Department of Health and Human Services Direct Programs			
Medical Reserve Corps Small Grant Program	93.008	IMRCSG101005-01 6MRCSG061001-03	<u>\$13,980</u>
Department of Health and Human Services Pass-Through Programs From			
93.518 - Affordable Care Act - Medicare Improvements for Patients and Providers	93.518	05-95-48-481010- 89250000-102- 500731	\$109,235
Total 93.518 - Affordable Care Act - Medicare Improvements for Patients and Providers			<u>\$109,235</u>
Block Grants for Prevention and Treatment of Substance Abuse	93.959	05-95-95-958410- 5382-102-500734- 95848502	\$75,000
Total Block Grants for Prevention and Treatment of Substance Abuse			<u>\$75,000</u>
Centers for Medicare and	93.779	10250073495848502	\$50,639

See accompanying independent auditors' report and notes to schedule of expenditures of federal awards

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2012

Medicaid Services (CMS)			
Research, Demonstrations and Evaluations			
Total Centers for Medicare and Medicaid Services (CMS)			\$50,639
Research, Demonstrations and Evaluations			
Environmental Public Health and Emergency Response	93.070	None provided	\$20,193
Total Environmental Public Health and Emergency Response			\$20,193
Money Follows the Person Rebalancing Demonstration	93.791	ILICMA300148/01	\$75,000
Total Money Follows the Person Rebalancing Demonstration			\$75,000
National Bioterrorism Hospital Preparedness Program	93.889	0595909025102239	\$3,000
Total National Bioterrorism Hospital Preparedness Program			\$3,000
National Family Caregiver Support, Title III, Part E	93.052	05-95-48-481010-7872-570-500920	\$37,000
Total National Family Caregiver Support, Title III, Part E			\$37,000
Public Health Emergency Preparedness	93.069	90077141	\$56,804
Total Public Health Emergency Preparedness			\$56,804
Social Services Block Grant	93.667	05-95-48-481010-9255-545-500387	\$5,168
Total Social Services Block Grant			\$5,168
Special Programs for the Aging Title IV and Title II Discretionary Projects	93.048	90MP0022	\$210,171
Total Special Programs for the Aging Title IV and Title II Discretionary Projects			\$210,171
Total Department of Health and Human Services Pass-Through Programs			\$642,210
Total Department of Health and Human Services			\$656,190
Total Other Programs			\$656,190
Total Expenditures of Federal Awards			\$722,648

See accompanying independent auditors' report and notes to schedule of expenditures of federal awards

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2012

NOTE 1 - BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Lakes Region Partnership for Public Health, Inc. under programs of the federal government for the year ended June 30, 2012. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Because the Schedule presents only a selected portion of the operations of Lakes Region Partnership of Public Health, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of Lakes Region Partnership for Public Health, Inc.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, *Cost Principles for Non-profit Organizations*, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Pass-through entity identifying numbers are presented where available.

NOTE 4 - MAJOR PROGRAMS

The following were selected as major programs:

93.779 U.S. Department of Health and Human Services: Centers for Medicare and Medicaid Service (CMS) Research, Demonstrations and Evaluations

93.518 U.S. Department of Health and Human Services - Affordable Care Act-Medicare Improvements for Patients and Providers

93.048 Department of Health and Human Services: Special Programs for the Aging - Title IV and Title II- Discretionary Projects

NOTE 3 - SUBRECIPIENTS

Of the federal expenditures presented in the Schedule, Lakes Region Partnership for Public Health, Inc. provided federal awards to sub recipients in the amount of \$179,743. Of that amount \$104,544 was audited as part of major programs.

INDEPENDENT AUTITORS' REPORT

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
Lakes Region Partnership for Public Health, Inc.
Laconia, New Hampshire 03246

We have audited the financial statements of Lakes Region Partnership for Public Health, Inc. as of and for the year ended June 30, 2012, and have issued our report thereon dated January 24, 2013. 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.

Internal Control Over Financial Reporting

Management of Lakes Region Partnership for Public Health, Inc. is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our audit, we considered Lakes Region Partnership for Public Health, Inc.'s internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Lakes Region Partnership for Public Health, Inc.'s internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

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.

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 deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined previously.

To the Board of Directors of
Lakes Region Partnership for Public Health, Inc.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Lakes Region Partnership for Public Health, Inc.'s financial statements are free of 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*.

We noted certain matters that we reported to management of Lakes Region Partnership for Public Health, Inc. in a separate letter dated January 24, 2013.

This report is intended solely for the information and use of management, the finance committee, Board of Directors, and federal awarding agencies and pass-through entities, is not intended to be, and should not be used by anyone other than these specified parties.

Malone, Dirubbo & Company, P.C.
January 24, 2013

INDEPENDENT AUDITORS' REPORT

REPORT ON COMPLIANCE WITH REQUIREMENTS THAT COULD HAVE
A DIRECT AND MATERIAL EFFECT ON EACH MAJOR PROGRAM
AND ON INTERNAL CONTROL OVER COMPLIANCE
IN ACCORDANCE WITH OMB CIRCULAR A-133

To the Board of Directors of
Lakes Region Partnership for Public Health, Inc.
Laconia, New Hampshire 03246

Compliance

We have audited Lakes Region Partnership for Public Health, Inc.'s compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of Lakes Region Partnership for Public Health, Inc.'s major federal programs for the year ended June 30, 2012. Lakes Region Partnership for Public Health, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of Lakes Region Partnership for Public Health, Inc.'s management. Our responsibility is to express an opinion on Lakes Region Partnership for Public Health, Inc.'s compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Lakes Region Partnership for Public Health, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of Lakes Region Partnership for Public Health, Inc.'s compliance with those requirements.

In our opinion, Lakes Region Partnership for Public Health, Inc. complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2012.

To the Board of Directors of
Lakes Region Partnership for Public Health, Inc.

Internal Control Over Compliance

Management of Lakes Region Public Health, Inc. is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered Lakes Region Partnership for Public Health, Inc.'s internal control over compliance with the requirements that could have a direct and material effect on a major federal program to determine the auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Lakes Region Partnership for Public Health Inc.'s internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

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 deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of management, the finance committee, the Board of Directors, others within the entity, federal awarding agencies, and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Malone, Dirubbo & Company, P.C.

January 24, 2013

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2012

SUMMARY OF AUDITOR'S RESULTS

1. The auditor's report expresses an unqualified opinion on the financial statements of Lakes Region Partnership for Public Health, Inc.
2. No significant deficiencies relating to the audit of the financial statements are reported.
3. No instances of noncompliance material to the financial statements of Lakes Region Partnership for Public Health, Inc., were disclosed during the audit.
4. No significant deficiencies in internal control over major federal award programs were reported in the Report on Compliance with Requirements That Could Have A Direct and Material Effect on Each Major Program and on Internal Control over Compliance in Accordance with OMB Circular A-133.
5. The auditor's report on compliance for the major federal award programs for Lakes Region Partnership for Public Health, Inc. expresses an unqualified opinion on all major federal programs.
6. Audit findings that are required to be reported in accordance with Section 510(a) of OMB Circular A-133 are reported in this Schedule.
7. The programs tested as major programs included: U.S. Department of Health and Human Services: Centers for Medicare and Medicaid Service (CMS) Research, Demonstrations and Evaluations #93.779; U.S. Department of Health and Human Services - Affordable Care Act-Medicare Improvements for Patients and Providers #93.518; Department of Health and Human Services: Special Programs for the Aging - Title IV and Title II- Discretionary Projects #93.048.
8. The threshold for distinguishing Types A and B programs was \$300,000.
9. Lakes Region Partnership for Public Health, Inc. was not determined to be a low-risk auditee.

FINDINGS - FINANCIAL STATEMENT AUDIT

None

FINDINGS AND QUESTIONED COSTS - MAJOR FEDERAL AWARD PROGRAMS AUDIT

None

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
FOR THE YEAR ENDED JUNE 30, 2012

NONE

Lakes Region Partnership for Public Health, Inc.

<u>Board of Directors</u>	<u>Affiliations</u>	<u>Board of Directors</u>	<u>Affiliations</u>
Sally Minkow, President [REDACTED]	LRGHealthcare, Education Services Director Leadership Lakes Region, Board of Directors	Kate Miller [REDACTED]	Community Representative
Margaret Pritchard, Vice President [REDACTED]	Genesis Behavioral Health, Executive Director	Alida Millham [REDACTED]	Community Representative
Denise Hubbard, Treasurer [REDACTED]	Meredith Village Savings Bank, Reverse Mortgage Originator	Alan J Robichaud [REDACTED]	Granite United Way Community Development Director
John Beland, Secretary [REDACTED]	Lakes Region Mutual Fire Aid Deputy Coordinator Leadership Lakes Region, Board of Directors	Christine Santaniello [REDACTED]	Lakes Region Community Services Council, Executive Director
Kathy Berman [REDACTED]	Community Representative	Debra Shackett [REDACTED]	Belknap County, Administrator
David Emberley [REDACTED]	Central NH VNA & Hospice Chief Financial Officer	Dr. Rick Wilson [REDACTED]	LRGHealthcare, Director of Practice Development
Scott Laliberte [REDACTED]	Gilford School District Curriculum and Assessment Director	Susan Wnuk [REDACTED]	Community Action Program of Belknap-Merrick Counties, Program Director Caring Community Network of the Twin Rivers, Development Committee Bi-State Primary Care Assoc, Government Relations Committee

Updated June 28, 2013

RFP # 14 DHHS-DCBCS-BEAS-03
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**Lakes Region Partnership for Public Health
Jan - June 2014**

Key Personnel

Name	Job Title	Salary & Benefits	% Paid from this Contract	Amount Paid from this Contract
Lisa Morris	Executive Director	\$36,575	64%	\$23,158
Susan Laverack	Associate Director	\$30,800	0%	\$ 0

**Lakes Region Partnership for Public Health
July 2014 - June 2015**

Key Personnel

Name	Job Title	Salary & Benefits	% Paid from this Contract	Amount Paid from this Contract
Lisa Morris	Executive Director	\$73,149	58%	\$41,841
Susan Laverack	Associate Director	\$61,600	0%	\$ 0

EXPERIENCE

LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC. Laconia, NH 10/05- Present

EXECUTIVE DIRECTOR

- In conjunction with the Board of Directors, establish annual goals and objectives, action plans and evaluation strategies for the purpose of improving the health and well being of the citizens of the Lakes Region.
- Develop and implement action plans and evaluation strategies to operationalize selected goals.
- Manage inter-organizational cooperation and collaboration among Partners and external organizations to mitigate program duplication, fill needs gaps and develop public service plans to meet the evolving social and public health needs of the Lakes Region community.
- Hire and supervise LRPPH staff positions and programs that support the Partnership.
- Cultivate, develop and maintain external relationships with community organizations.
- Create annual public relations plan to create positive awareness of the LRPPH.
- Work with other agencies to conduct periodic community assessments and use that information to guide programs and policies.
- Responsible for grant prospecting, grant writing and all grant and financial reporting functions.
- Establish annual budget in partnership with the Board of Directors
- Manage annual budget for LRPPH and report quarterly to Board of Directors on financial status.

SERVICELINK RESOURCE CENTER OF BELKNAP COUNTY, Laconia, NH 2/00-2008

PROGRAM DIRECTOR

- Directs the overall operation of a specialized aging/disability information and referral service for Belknap County

LAKES REGION GENERAL HOSPITAL, Laconia, NH 11/99-2/04

EMERGENCY ROOM SOCIAL WORKER

LACONIA CENTER-GENESIS ELDER CARE, Laconia, NH 2/99-10/99

DIRECTOR OF ADMISSIONS

- Assisted individuals and families in accessing skilled and nursing facility based care
- Provided marketing and public relations activities
- Provided case management, individual and family counseling for skilled residents

STRAFFORD GUIDANCE CENTER, Dover, NH 1991-1998

ASSISTANT CLINICAL DIRECTOR

DIRECTOR, COMMUNITY SUPPORT PROGRAMS

ASSISTANCE DIRECTOR COMMUNITY SUPPORT PROGRAM

- Managed the overall clinical and administrative operations of Community Support Programs serving 500 adults with severe mental illness including: elder services, case management, therapy, nursing, vocational and housing services
- Promoted and coordinated community involvement through regional planning and partnership building activities
- Member of the Strafford Guidance Center Executive Committee which provided overall management of clinical and administrative operations as well as planning and development for the entire agency.

SEACOAST MENTAL HEALTH CENTER, Portsmouth, NH 6/90-6/91

COORDINATOR OF VOCATIONAL SERVICES

- Assisted clients with severe mental illness obtain employment
- Supervised staff, budget development, quality assurance activities including JCAHO accreditation
- Educated the competitive job market to increase employer's willingness and capability to hire clients through supported and unsupported placements

MENTAL HEALTH CENTER OF GREATER MANCHESTER, Manchester, NH 11/84-6/90

ADMINISTRATIVE COORDINATOR

ASSISTANT PROGRAM COORDINATOR

THERAPEUTIC ACTIVITIES SUPERVISOR

OCCUPATIONAL THERAPIST/CASE MANAGER

EMERGENCY SERVICES RELIEF WORKER

Program management and direct service activities for large day treatment program for adults with severe mental illness

WESTCHESTER COUNTY JAIL, Valhalla, NY 5/83-9/84

OCCUPATIONAL THERAPIST

SOUTH BEACH PSYCHIATRIC CENTER, Union, NJ 1/81-5/83

OCCUPATIONAL THERAPIST

EDUCATION

SPRINGFIELD COLLEGE, Springfield, MA 1988

MASTERS OF SCIENCE, SOCIAL WORK

KEAN STATE COLLEGE OF NEW JERSEY, Union, NJ 1980

BACHELORS OF SCIENCE, OCCUPATIONAL THERAPY

MEMBERSHIPS/AFFILIATIONS

Leadership Lakes Region -2010 graduate

Member NH Association for Non-Profits

Member NH Public Health Association

Member, Board of Directors, Upstream 2004

Certified Information and Referral Specialist for Aging, Alliance of Information and Referral Systems, 2005-2008

Certified Counselor, Health Information Counseling Education Assistance Services, 2002-2006

Member, Board of Directors, Tri-City Consumer Action Cooperative, 1997

Private, non-profit organization that provides peer support services for adults with mental illness

Chair and Member of Board of Directors, The Housing Consortium, 1994

Promote availability of affordable, non-discriminatory safe housing in Strafford County

Past member of National Association of Social Workers, Alliance for the Mentally Ill of NH and

International Association for Psychosocial Rehabilitation Services

PRESENTATIONS

"Working Together; Enhancing Partnerships in Public Health"-Keynote Speaker NH Public Health Association Annual Meeting

"Planning Ahead: The Key to Healthy Aging"- Keynote Speaker Speare Memorial Hospital Aging Conference

"ServiceLink, A Virtual Tour" Administration on Aging Summit National Leadership Conference

"The Housing Consortium", State Conference New Hampshire Alliance for the Mentally Ill

"Building Partnerships in the Community", National Conference, International Association for Psychosocial Rehabilitation Services

"Functional Assessment and Skill Building as Clinical Intervention", NH Community Support Services Conference

Experience

Lakes Region Partnership for Public Health

ServiceLink Director for Belknap & Carroll Counties

May 2013 to present

- Oversee all programs for Information & Referral, Long-Term Care Counseling, Care Transitions, Family Caregiver Supports, Veteran Directed Services and Marketplace Assistants related to the Affordable Care Act
- Public relations and marketing
- Quality assurance of all ServiceLink programs for both counties

Janet E Hunt Consulting, statewide, national

1992 – present

Lantos Foundation for Human Rights & Justice, May, 2012 to May, 2013

Project Coordinator, international

- Manage the Franklin D. Roosevelt International Disability Rights Award to bring high visibility to the human rights and inclusion of persons with disabilities.
- Coordinate the Lantos Front Line Fund Grant Program to individuals and organizations that advance the cause of human rights and justice internationally.

Sepsis Alliance, August to October, 2012

Operations Manager, national

- Day-to-day operations for non-profit bringing awareness of sepsis focused on specific event and fundraising

Pathways, Claremont, NH, 2010 – 2012

- Quality assurance reviewer of service programs and policies for people who experience disabilities
- Facilitator and trainer of management strategies and policy
- Training for managers focused on agency mission statement and follow-through

Quality Mall, University of Minnesota, 2010 to present

- Department Manager of one the largest website databases for goods, services, programs and materials focused on enhancing the quality of life for people with disabilities.

Center on Human Policy, Syracuse New York, 2010

- Board of directors training in Florida for people who experience disabilities regarding empowerment of self-advocacy organizations
- Texas Developmental Disabilities Council website reviewer for accessibility for people who experience disabilities

Human Services Research Institute, 2010

- Reviewer of national evaluation tool, *Power Up!* to determine success of advocacy groups for people who experience disabilities

Lakes Region Community Services, 2009 – 2011

- Mentor to young-adults who experience disabilities to self-direct own services
- Trainer of senior youth for the purpose of mentoring

Author of a self-determination workbook titled, "Building Yourself"

People First of New Hampshire, Concord, New Hampshire
Executive Coordinator

1992 - 2011

- Co-founded, organized, and coordinated the statewide self-advocacy movement as director of its non-profit organization for people who experience disabilities by developing over 15 local groups with membership of over 300.
- Provide facilitation, leadership and advice to a board of directors of self-advocates and to volunteer advisors and support staff on a local, statewide and national level
- Coordinate training opportunities for groups and individuals on employment, advocacy, rights, empowerment, independence, relationships and community inclusion.
- Provide marketing and public relations with state and national allies to promote organization's mission and goals
- Grant-writing, fund-raising, budget development and monitoring

Lakes Region Community Services, Laconia, New Hampshire

1983 - 1992

- Director, Community Connections 1991 - 1992
 - Designed, developed and directed community integrated employment program.
 - Supervised and trained staff on job development and job coaching
 - Transitioned individuals from state institution to work in community settings
 - Assisted individuals in career development
 - Established *Job Opportunities Begins In School* (J.O.B.S) - a grant-funded project for youth in transition to gain work experience
- Director of Vocational Services 1989 – 1991
 - Managed and negotiated contracts with vendors
 - Directed the closure of segregated work settings to supported and competitive employment
 - Developed employment services: Community Connections
 - Organized and supervised staff and teams to support the creation of entrepreneurships and job development
- Chief Operations Officer 1987 - 1989
 - Director of all service delivery including residential, transportation, respite, therapeutic, clinical, day and vocational
 - Member of Management Team
 - Contract development, monitoring and compliance with day program vendors and home care providers
 - Regulation compliance for certification of programs.
- Quality Assurance Director 1986 - 1987
 - Developed and organized one of the first Quality Assurance systems in state
 - Developed evaluation tools based on normalization principles
 - Trained and facilitated review teams using social role valorization criteria
 - Management Team Member
- Case Manager 1983 – 1986
 - Team leader and facilitator to transition individuals from Laconia State School to community-based residences and services
 - Development and monitoring of Individual Service Plans

Education

Masters, Human Service Administration

Southern New Hampshire University, 1985

Bachelors, Human Services

Southern New Hampshire University, 1983

Associates, Occupational Therapy Assistant

NH Community Technical College, 1980

Affiliations, Achievements, Awards & Essential Trainings

- **One Sky Leadership Award, 2012**
- **Maggie Hassan Campaign for Governor, 2012**, Volunteer
- **Institutions: Close Them! Film and Advocacy Booklet**
 - Co-produced film and booklet about deinstitutionalization, 2012
- **Lantos Foundation for Human Rights & Justice**, Volunteer 2012
- **Human Services Research Institute (HSRI), 2010**
 - National Core Indicators Inter-rater Reliability Tester for tracking individual quality in a range of public systems
- **Self-Advocates Becoming Empowered (SABE, the national self-advocacy organization)**
 - Volunteer Advisor 1996-2004
 - Elected National Advisor two-year term, 2000-2002
- **Public Conversations Project**, Watertown, Massachusetts
 - Certificate, *The Power of Dialogue*: March, 2003
 - Certificate, *Eliciting New Stories about Conflict*: June, 2003
- **Town of Holderness**, Holderness New Hampshire, 1993 - 2004
 - Board of Recreation, Co-developed new department and Chair of board
 - Library Board of Trustees

Please visit LinkedIn to view references at: www.linkedin.com/in/janetehunt/

Sarah Gellert

Plymouth State University Plymouth, NH
Master's Degree in Special Education (09/12-present)
18 of 42 Credits Completed, 4.0 GPA

Massachusetts College of Art Boston, MA
Bachelor's Degree in Education (09/08 - 05/03)
Graduation with Distinction - Highest Honors

Long-Term Support Counselor/Care Transitions
Lakes Region Partnership for Public Health
ServiceLink Aging and Disability Resource Center of Belknap County
(July 2013—Present)

- Provide intake and options counseling for individuals and families
- Assist with referrals for community-based services
- Support individuals through the application process for Choices for Independence
- Work with Lakes Region General Hospital in BOOST model to eliminate patient re-admission to the hospital.
- Provide assistance through Section Q for individuals who wish to leave nursing facilities and return to community.

Supported Employment Specialist
Genesis Behavioral Health Laconia, NH (01/12 - Present)

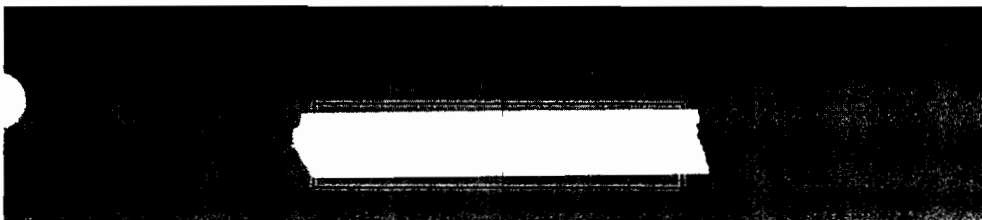
- Teach job skills, including interviewing and resume/cover letter development
- Connect individuals with educational opportunities and provide tutoring
- Conduct rapid job search and onsite occupational coaching

Direct Support Professional
Lakes Region Community Services Laconia, NH (09/08-08/11)

- Insured the health and safety of persons living with developmental disabilities
- Created meaningful daily schedules to improve the person's quality of life
- Engaged individuals by assisting them to connect with their communities

Program Assistant
Community Action Program Franklin/Concord, NH (02/06-01/08)

- Produced newsletters, correspondence, reports, spreadsheets, etc.
- Conducted intake interviews and processed applications



Trudy L Fletcher

Objective: To obtain a position where I can utilize my skills in public relations and community development, to work as a team member, and work for an organization that provides quality services to individuals in a respectful, dignified manner.

Work Experience:

10/13-Current: Veteran-Directed Counselor and Caregiver Specialist, ServiceLink Belknap County. Support to Veterans in the Veteran Directed Home and Community Based program which enables Veterans to live in their homes within the community and to avoid institutionalization. Provide Options Counseling to family caregivers and assistance in accessing respite and supplemental funds thorough the NH Family Caregiver Program.

9/08-9/13: Resource Coordinator, Lakes Region Community Services. Case management services including job development, medical oversight, home visits, reporting, and direct support, with a focus on development, improvement, and growth. Communication with guardians, family members, medical personnel, businesses. Focus on quality support oversight. Computer proficiency. Presentations, instructions and trainings. Continuing education. Wendy Robb, Supervisor.

6/06-9/08: Young Adult Services, Hall Memorial Library. Library staff with focus on collection development, activities, material orders, circulation desk duties, phone and computer skills, customer services, interlibrary loan management, displays, workshops, and hosting events. Mary Ahlgren, Director.

8/04-8/06: AmeriCorps Volunteer with NH Reads Program. Work to increase literacy for families and children from birth through grade three. Includes community involvement, parent and caregiver workshops, book distribution, literacy training, off-site supervisor, planning and implementing activities with children. Peg Downing, Supervisor.

9/03-6/04: Substitute Teacher, Shaker Regional School District. Substitute in elementary, middle, and high school. Including implementation of teacher plans, multi-tasking, creative planning, student supervision and assistance, uphold school policies and regulations. Tim Saunders, Assistance Principal.

9/97-6/03: Title I/S.E. Paraprofessional, Shaker Regional School District. Assisted identified students with classwork/homework, modification of curriculum, lesson planning, general classroom and teacher assistance. Ginny West, Reading Specialist.

Education:

8/03-11/04 BA Literature Granite State College (formerly College for Lifelong Learning), Bow NH

9/91-8/92 College coursework Plymouth State College, Plymouth NH

8/89-9/92 College coursework Lakes Region Community College (formerly NH Tech.), Laconia, NH

9/88-5/89 College coursework Keene State College, Keene, NH

9/75-6/88 Regular Ed/Diploma Shaker Regional School District, Belmont NH

Trainings and Experience:

- Several in-house trainings with LRCS, including in depth Positive Behavior Supports/Gentle Teaching Program.
 - Workshops: crisis management (DHHS), mental health, MEAD, Responding to Victims with Disabilities, Families and Addiction, Getting a Handle on Hoarding
 - Belmont Library Trustee
 - Juvenile Review Board, Tilton area
 - Leadership Lakes Region, 2011
 - Board Member: Genesis Behavioral Health 2012-current
-

References:

Karen Welford, Director. Family Resource Center, Laconia NH 603-524-1741

Kerri Lowe, Quality Assurance and Intake. Lakes Region Community Services, Laconia NH 603-524-8811

Mary Michaud, Office of Public Guardian, Concord NH 603-224-8041

Tim Saunders, Assistant Principal. Belmont Middle School. Belmont NH 603-267-9220

Brenda Stark Fortier

Education

Bachelor of Science in Psychology; Minor in Religious Studies
Missouri State University, Springfield Missouri

Experience

November 2013 to Present—ServiceLink Long-Term Care Specialist

- Provide intake and options counseling for individuals and families
- Assist with referrals for community-based services
- Support individuals through the application process for Choices for Independence
- Provide assistance through Section Q for individuals who wish to leave nursing facilities and return to community.
- Act as the ServiceLink Generalist between both Belknap and Carroll County offices

May 2008-Present—Director Belmont Senior Center, Belmont, New Hampshire

- Supervise Senior Center Employees; Recruit and supervise Volunteers
- Supervise SCSEP participant & Senior Companion Volunteers
- Provide Wellness & Recreational Opportunities for Seniors
- Serve Lunch/Breakfast daily & Schedule/Supervise Transportation Services
- Work co-operatively with Advisory Council and Activities Committee
- Manage all aspects of daily Senior Center Activities
- Plan and supervise all activities at the center

Extended Day Program Coordinator-----1988-Present—Holy Trinity School

- Work successfully in a fast paced environment while building and maintaining effective working relationships with students and parents
- Supervise students daily in a Before and After School setting
- Provide guidance and a safe environment while keeping parents informed of student needs and progress
- Complies with all State and Diocesan Requirements for the Program

Educator: -----Holy Trinity Catholic School, Laconia NH. 1988-2008

- Taught Jr. High Science and Religious Studies Grades 5-8
- Taught K-8 Physical Education
- Taught English & History—Grade 6

St. Leo School, San Antonio, Texas

- Taught K-8 Physical Education and Jr. High Religious Studies
- Coached Varsity & JV Volleyball and JV Basketball

Certifications: AED, First Aid, CPR, ServSafe, Bone Builders Leader

References:

*John B. Fortier, Principal-Supervisor
Holy Trinity School
50 Church Street
Laconia, N.H. 03246
524-3156*

*Maggie Gibbs, co-worker
Holy Trinity School
50 Church Street
Laconia, N.H. 03245
524-3156*

Mary Nagel, APRN

*Catherine Corriveau, co-worker
Holy Trinity School
50 Church Street
Laconia, N.H.
524-3156 (w)*

*Amy Braun
Director Alton Senior Center
875-7102*

Jayne Maher

Education

Aug. 78 - Boston City Hospital School of
Aug. 79 Practical Nursing
LPN
Boston, Massachusetts

» Completed requirements to
practice Nursing in
Massachusetts as Licensed
Practical Nurse

Sept. 75 - Newman Preparatory School
June 77 **High School**
Boston, Massachusetts

» High School Diploma

Work Experience

Nov. 13 – LTC Specialist/Site Supervisor
Present » Provide intake and options
counseling for individuals and families
· Assist with referrals for community-based services
Supervision of ServiceLink staff.
**Lakes Region Partnership for Public
Health/ServiceLink Resource Center of
Carroll County**

Jan. 13 - Staff Nurse
Present **Golden View Health Care
Center**
Meredith, New Hampshire

» Work on a rehab and long term
care unit. Duties include
administering medications,
medical assessments, ie
respiratory, cardiac, wound
management, pain management,
laboratory data and the overall
health and well being of all
patients on unit.
»

Apr. 12 - Healthcare Specialist
Present **Lincare**
Belmont, New Hampshire

» Educate patients on use of new
Bipap or Cpap equipment

- »
- » Titrate oxygen patients to safe oxygen liter flow and determine if patient qualifies for the use of an oxygen conserving device.
- »
- » Provide education to patients on Coumadin in the use of MDINR, which allows patients the ability to test INR at home and telephonically notify MD's.

Feb. 08 -
Oct. 11

Case Management Assistant -
Per Diem
Life Care Center of Stoneham
Stoneham, Massachusetts

- » Assist Director of Case Management with chart audits to ensure Medicare Regulations met. Work with Nursing Management, MD's and Rehab to obtain necessary documentation in order to maintain compliance with Medicare regulations.

Sept. 03 -
Feb. 08

Director of Case Management
Life Care Center of Stoneham
Stoneham, Massachusetts

- » Managed insurance benefits of all skilled patients admitted to facility for rehab.
- » Led daily meeting to review all skilled patients currently under insurance benefits in facility. Meeting included Rehab, MDS Coordinator, Nurse Unit Manager, Social Services, DON and Executive Director.
- » Responsible to Private insurance to provide current condition of patient including progress made by patient or any changes in medical status, with reviews mandated by insurance. Most reviews done bi-weekly.
- » Monitored contracts with private insurance to ensure facility reimbursement at correct level.
- » Worked closely with MDS Coordinator and Rehab to ensure facility reimbursed at correct rate within RUGS category.
- » Worked closely with Social Services to set up and attend family meetings to ensure safe discharge plan.
- » Made referrals for discharge

services, including but not limited to VNA, Rehab, Elder Services, Meals on Wheels, Lifeline, Durable Medical Equipment and other services as required to ensure safe discharge to home environment.

» Reviewed referrals to facility with Admissions Director to ensure facility could meet the needs of patients.

» Many others duties as required.

Jan. 99 -
Apr. 03

Nurse Care Manager
Evercare
Waltham, Massachusetts

» Managed assigned Nursing Homes participating in Evercare program.

» Determined skilled eligibility with Nurse Practitioner.

» Monitored skilled event with every other day telephonic reviews with NP to determine if patient remained skilled.

» Acted as Liaison between Evercare and Nursing Home to inform of changes in benefit levels and to notify end of benefit period.

» Visited assigned nursing homes to provide education regarding Evercare and Medicare benefits.

» Notified Next of Kin of any changes in Evercare benefits being provided.

» Issued End of Benefit Letter.

» Many other duties as required.

Jan. 90 -
Feb. 99

Nurse Unit Manager
Marian Manor Nursing Home
South Boston, Massachusetts

» Managed two Long Term Care Units - a 52 bed Alzheimers Unit and a 40 bed Level Three unit.

» Supervised all licensed and non-licensed staff.

» Created and ensured maintenance of Interdisciplinary Care Plan.

» Worked with Staff Coordinator to ensure coverage.

» Ordered and received supplies.

» Set up and attended Family Meetings.

» Met with residents and families to discuss and changes in status or discuss concerns.

» Many other duties as required.

Jan. 88 -
Jan. 90

Office Manager
Boston Housing Authority
Boston, Massachusetts

» Worked with Executive Director
of Construction Management.
» Supervised office Staff.
» Maintained staff scheduling.
» Ordered and received office
supplies.
» Many other duties as required.
»

Sept. 79 -
Nov. 85

Staff Nurse
Boston City Hospital
Boston, Massachusetts

» Staff nurse on Gynecology unit.
» All duties as required by LPN.

Skills & Abilities

» Microsoft Office
» Able to multitask, Committed, Creative, Detail-oriented, Ethical, Good communicator, High energy, Organized, People person, Problem-solver, Self-motivated, Team player

Additional Information

Current CPR Certification
Certified in IV insertion and infusion

References on request

Cindy Seaward-Salvati

Qualifications

- Thirteen years in senior level leadership positions
- In depth knowledge of program development and implementation
- Successful history of fiscal non-profit management
- Creative thinking and problem-solving abilities
- Excellent written and interpersonal communication skills
- Extensive use of online resources and Social Media
- Private business development
- Certified Thanatologist (Bereavement and Grief Specialist)

Employment History

2013, Lakes Region Partnership for Public HealthServiceLink Resource Center of Carroll County

- Medicare Counselor supporting people to understand their Medicare benefits
- Information and Referral providing resources for customers in Carroll County
- Senior Medicare Patrol to assist seniors in learning fraud prevention.

Present, New Hampshire Bead Company & Jewelry Supply, Owner

- Online retail store selling fine beads and jewelry making supplies worldwide

2005-2009, Pack-Your-Bags Travel, Owner

- Part-time, home-based Travel Consultant

2003-2005, New Hampshire Community Technical College System, Early Childhood Education (ECE) Adjunct Faculty

- Planning and teaching a variety of ECE and Special Needs courses to undergraduate college students

2001-2003, New Hampshire Community Technical College System, Early Childhood Education Special Projects Coordinator

- Development and administration of all aspects of the Fund for the Improvement of Post-Secondary Education (FIPSE) grant project to develop a four-course online certificate program for Family Child Care Providers statewide
- Coordination of ECE Tuition Assistance Program including application/award processing, student assistance, statewide outreach, grant data collection and report writing

2000-2001, Lakes Region Community Services Council, Special Projects Developer

- Development and facilitation of community wide collaborative network addressing issues of childcare and early learning
- Conceptual and pragmatic development of new programs supporting young children including grant writing

1995-2000, Greater Laconia Community Services, Executive Director

- Advanced the expansion of the Parent company by successfully establishing an affiliate corporation including a Board of Directors, Bylaws, Policy and Procedure development
 - Administered all aspects of the corporation including supervision and oversight of over 150 employees and contractors in several service areas, supporting individuals and families in a large rural area
 - Planned and directed \$6.5 million agency budget
 - Managed considerable details of a complex funding mechanism supporting the multi-corporation structure
 - Maintained relationship with and senior management role within the Parent company
 - Supported and guided all staff and consumers through the transition as an affiliate agency
 - Secured and oversaw design and renovation of appropriate office space for Agency
-

1992-1995, Lakes Region Community Services Council, Director of Family Support and Case Management Services

- As member of Senior Management Team, oversaw all functions of two departments serving over 500 individuals and families through a variety of services using departmental goals and implementation plans, writing and implementing policy and procedures in accordance with state and federal regulations, and creative management of programmatic budgets

1988-1992, Lakes Region Community Services Council, Director of Family Support Services

- Developed a new department in the Agency to serve families who had children with disabilities; this department and its services dramatically expanded over time

1986-1988, Lakes Region Community Services Council, Case Manager

1986, Project C.H.I.L.D., Consultant

- Developed a Comprehensive Case Management Plan for Special Needs Preschool Programs in the Lakes Region

1985-1986, Twin City Consortium, Teacher

1985, Center of Health Promotion and Research- University of New Hampshire, Durham, NH, Consultant

1982-1985, Laconia State School, Training and Development Therapist

1981-1982, Community Mental Health/Mental Retardation Center, Philadelphia, PA, Lead Teacher/School Consultant

1979-1981, South Philadelphia Community Center, Philadelphia, PA, Program Coordinator/Social Service Worker

Education

University of New Hampshire, Durham, NH—Master of Education Degree, Early Childhood Special Needs, 1990

Merrill-Palmer Institute, Detroit, MI— Early Childhood Development and Education courses January, 1978-June, 1978 in affiliation with Keene State College

Keene State College, Keene, NH—Bachelor of Arts Degree in Early Childhood Development, 1978

Plymouth State University, Plymouth, NH- Certificate of Completion, "Get Paid to Travel: Professional Tour Management Training", 2011

Numerous other training courses in Travel ,Thanatology (Study of Death and Dying) and Business Development

Languages

Non-fluent Spanish and some French.

Volunteer Experience

Moultonborough Academy Parent Advisory Council, September 2003— June 2010

NH Infant/Toddler Task Force - Child Development Bureau - Division for Children, Youth and Families, February 2000- 2002

Colleen A. Drouin

Objective	<i>To provide your organization with experienced Administrative skills.</i>
Experience	<i>Administrative Assistant, Lakes Region Partnership for Public Health 2008-present</i> Daily functions include: technical support for computer network including daily back-ups, internet security, individual setups, purchases and inventory; web site development and maintenance; telephone system support and maintenance; office machine support and maintenance; and, oral and written communications, meeting minutes, client interactions, multi-tasking and general office functions. <i>Office Manager: 2005 to 2008-Douglas Knee, O.D.</i> Schedule appointments, order and dispense glasses and contacts, registered with the State of NH for Ophthalmic Dispensing, billing and collections for insurance and patients, confidential record keeping, oral and written communication, multi-tasking, updated documents and procedures into compute formats. <i>Administrator: 1998 to 2005-McCormick Advisory Group, Management Company.</i> Facilitate meetings dealing directly with Board of Directors for several home owner associations in the Lakes Region with Administrative follow-up, legal documents, state and local permits, budgets and expenditures, presentations, meeting minutes, schedule meetings and appointments, develop and maintain client relations and databases, oral and written communications, multi-tasking and general office functions. <i>Central Office Technician and Engineering Clerk: 1973 to 1998-Verizon</i> Technical support, analysis, maintenance and repair of central office equipment remotely from a control center environment, legal documents and easements, budgets and objectives, presentations, LAN management, trained personnel for PC software and equipment, engineering utility plans and general office functions.
Computer Software	<i>Adobe Go-Live and Acrobat</i> <i>LAN Management</i> <i>Lotus Smart Suite</i> <i>Mainframe Applications</i> <i>Microsoft Office</i>
Education	<i>1998-Associate Degree in Computer Science</i> NH Community Technical College, Laconia, NH-Graduated Phi Theta Kappa <i>1972-High School Graduate, Laconia, NH</i>
Interests	<i>Northern NH Life Member Club for Telephone Pioneers-Secretary</i> <i>Lakes Region Conservation Trust</i> <i>Crafts, Gardening and Street Rods</i>

Subject: New Hampshire ServiceLink Resource Centers Program**AGREEMENT**

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Monadnock Collaborative		1.4 Contractor Address 105 Castle Street Keene, NH 03431	
1.5 Contractor Phone Number (603) 357-1922, x 104	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$719,365.
1.9 Contracting Officer for State Agency <i>Mary Maggioncalda</i>		1.10 State Agency Telephone Number <i>603-271-9096</i>	
1.11 Contractor Signature <i>[Signature]</i>		1.12 Name and Title of Contractor Signatory <i>Melinda S. Feola-Mahar, Executive Dir.</i>	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Cheshire</u> On <u>12/4/13</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] - <i>Wendy Preston</i> WENDY PRESTON Notary Public, State of New Hampshire My Commission Expires October 17, 2017			
1.13.2 Name and Title of Notary or Justice of the Peace <i>Wendy Preston Office Mgr/HR</i>			
1.14 State Agency Signature <i>Sheri L Rockburn</i>		1.15 Name and Title of State Agency Signatory <i>Sheri Rockburn Acting Associate Commissioner</i>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By: <i>Rosemary Hild</i> On: <i>12-4-13</i>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

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

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

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.

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

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

7. PERSONNEL.

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

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

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

14. INSURANCE.

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

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Cheshire County, Sullivan County (excluding the towns of Grantham and Plainfield), and the cities and towns in Hillsborough County to include the towns of Antrim, Bennington, Francestown, Greenfield, Greenville, Hancock, Mason, New Ipswich, Peterborough, Sharon, Temple, and Windsor.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs

4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and

4.1.1.3. A feedback loop to modify activities as needed.

4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.

4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.

4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.

4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:

4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and

4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



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- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



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- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
 - 4.3.1. Intake and Screening
 - 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
 - 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
 - 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
 - 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
 - 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
 - 4.3.3. Tracking Eligibility Status
 - 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



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- Eligibility System, NH Easy, and other program specific systems.
Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
Contractor shall involve consumers on a local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



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- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

- 4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.
- 4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.
- 4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



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4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
 - 4.6.2. Family caregivers of frail older adults;
 - 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
 - 4.6.4. Older caregivers of individuals with disabilities; and
 - 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



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Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



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- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



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- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



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6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
 - 6.5.3. The Department's current hardware standards are as follows:
 - Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



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- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.

6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:

1. Number of individuals served
2. Number of repeat visits by individuals
3. Type of information/referral given to individuals
4. Type of follow up performed
5. Frequency of follow ups
6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
7. The number of individuals diverted from nursing home/institutional settings;
8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



Exhibit A

7.2. Minimum Reporting Requirements:
The Table below defines the program reporting data requirements and their source.
There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



Exhibit A

Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



Exhibit A

Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP): Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

- 8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.3. Develop a Staffing Contingency Plan, including but not limited to:
 - 8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.3.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
- Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
- The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

Assess the ethnic/cultural needs, resources and assets of their community.
Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
When feasible and appropriate, provide clients of minimal English skills with interpretation services.

Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1N0CMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
Financial Manager
Bureau of Elderly and Adult Services
Department of Health and Human Services

Contractor Initials: MLM

Date: 12/4/13



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

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

Bidder/Program Name: Monadnock Collaborative/Monadnock & Sullivan ServiceLink

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 53,099.00	\$ 5,628.49	\$ 58,727.49	\$ 2,400.00	\$ 254.40	\$ 2,654.40	\$ 50,699.00	\$ 5,374.09	\$ 56,073.09
2. Employee Benefits	\$ 14,281.32	\$ 1,513.82	\$ 15,795.14	-	-	-	\$ 14,281.32	\$ 1,513.82	\$ 15,795.14
3. Consultants	\$ 720.00	-	\$ 720.00	\$ 200.00	-	\$ 200.00	\$ 520.00	-	\$ 520.00
4. Equipment:									
Rental	-	-	-	-	-	-	-	-	-
Repair and Maintenance	-	-	-	-	-	-	-	-	-
Purchase/Depreciation	-	-	-	-	-	-	-	-	-
5. Supplies:									
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical Office	-	-	-	-	-	-	-	-	-
6. Travel	\$ 793.26	-	\$ 793.26	-	-	-	\$ 793.26	-	\$ 793.26
7. Occupancy	\$ 3,568.60	\$ 152.00	\$ 3,720.60	\$ 1,434.00	\$ 152.00	\$ 1,586.00	\$ 2,134.60	-	\$ 2,134.60
8. Current Expenses									
Telephone	-	-	-	-	-	-	-	-	-
Postage	\$ 1,014.00	-	\$ 1,014.00	-	-	-	\$ 1,014.00	-	\$ 1,014.00
Subscriptions	\$ 234.00	-	\$ 234.00	-	-	-	\$ 234.00	-	\$ 234.00
Audit and Legal	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-
Board Expenses	-	-	-	-	-	-	-	-	-
9. Software	-	-	-	-	-	-	-	-	-
10. Marketing/Communications	\$ 2,000.00	\$ 159.00	\$ 2,159.00	\$ 1,500.00	\$ 159.00	\$ 1,659.00	\$ 500.00	-	\$ 500.00
11. Staff Education and Training	\$ 1,000.00	\$ 53.00	\$ 1,053.00	\$ 500.00	\$ 53.00	\$ 553.00	\$ 500.00	-	\$ 500.00
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (specify details mandatory):	-	-	-	-	-	-	-	-	-
TOTAL	\$ 77,503.44	\$ 7,506.32	\$ 85,009.76	\$ 6,034.00	\$ 618.40	\$ 6,652.40	\$ 71,469.44	\$ 6,887.91	\$ 78,357.35

Indirect As A Percent of Direct

9.7%

10.2%

9.6%

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

Bidder/Program Name: Monadnock Collaborative/Monadnock & Sullivan ServiceLink

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 41,654.00	\$ 4,415.32	\$ 46,069.32	-	-	-	\$ 41,654.00	\$ 4,415.32	\$ 46,069.32
2. Employee Benefits	\$ 22,023.48	\$ 2,334.49	\$ 24,357.97	-	-	-	\$ 22,023.48	\$ 2,334.49	\$ 24,357.97
3. Consultants	\$ 440.00	-	\$ 440.00	-	-	-	\$ 440.00	-	\$ 440.00
4. Equipment:	-	-	-	-	-	-	-	-	-
Rental	-	-	-	-	-	-	-	-	-
Repair and Maintenance	-	-	-	-	-	-	-	-	-
Purchase/Depreciation	-	-	-	-	-	-	-	-	-
5. Supplies:	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-
Office	-	-	-	-	-	-	-	-	-
6. Travel	\$ 671.22	-	\$ 671.22	-	-	-	\$ 671.22	-	\$ 671.22
7. Occupancy	\$ 671.22	-	\$ 671.22	-	-	-	\$ 671.22	-	\$ 671.22
8. Current Expenses	\$ 2,257.64	-	\$ 2,257.64	\$ 451.44	-	\$ 451.44	\$ 1,806.20	-	\$ 1,806.20
Telephone	\$ 858.00	-	\$ 858.00	-	-	-	\$ 858.00	-	\$ 858.00
Postage	\$ 198.00	-	\$ 198.00	-	-	-	\$ 198.00	-	\$ 198.00
Subscriptions	-	-	-	-	-	-	-	-	-
Audit and Legal	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-
Board Expenses	-	-	-	-	-	-	-	-	-
9. Software	-	-	-	-	-	-	-	-	-
10. Marketing/Communications	\$ 1,200.00	-	\$ 1,200.00	-	-	-	\$ 1,200.00	-	\$ 1,200.00
11. Staff Education and Training	\$ 960.00	-	\$ 960.00	-	-	-	\$ 960.00	-	\$ 960.00
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (specify details mandatory):	-	-	-	-	-	-	-	-	-
TOTAL	\$ 70,933.56	\$ 6,749.81	\$ 77,683.37	\$ 451.44	-	\$ 451.44	\$ 70,482.12	\$ 6,749.81	\$ 77,231.93
Indirect As A Percent of Direct						0.0%			9.6%

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

Bidder/Program Name: Monadnock Collaborative/Monadnock & Sullivan ServiceLink

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost:			Contractor Share/ Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 25,865.00	\$ 2,741.69	\$ 28,606.69	\$ 1,500.00	\$ 159.00	\$ 1,659.00	\$ 24,365.00	\$ 2,582.69	\$ 26,947.69
2. Employee Benefits	\$ 3,546.72	\$ 375.95	\$ 3,922.67	-	-	-	\$ 3,546.72	\$ 375.95	\$ 3,922.67
3. Consultants	\$ 240.00	-	\$ 240.00	-	-	-	\$ 240.00	-	\$ 240.00
4. Equipment:	-	-	-	-	-	-	-	-	-
Rental	-	-	-	-	-	-	-	-	-
Purchase/Depreciation	-	-	-	-	-	-	-	-	-
5. Supplies:	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-
Office	-	-	-	-	-	-	-	-	-
6. Travel	\$ 366.12	-	\$ 366.12	-	-	-	\$ 366.12	-	\$ 366.12
7. Occupancy	\$ 366.12	-	\$ 366.12	-	-	-	\$ 366.12	-	\$ 366.12
8. Current Expenses	\$ 1,481.20	-	\$ 1,481.20	\$ 496.00	-	\$ 496.00	\$ 985.20	-	\$ 985.20
Telephone	\$ 468.00	-	\$ 468.00	-	-	-	\$ 468.00	-	\$ 468.00
Postage	\$ 108.00	-	\$ 108.00	-	-	-	\$ 108.00	-	\$ 108.00
Subscriptions	-	-	-	-	-	-	-	-	-
Audit and Legal	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-
Board Expenses	-	-	-	-	-	-	-	-	-
9. Software	-	-	-	-	-	-	-	-	-
10. Marketing/Communications	\$ 750.00	-	\$ 750.00	-	-	-	\$ 750.00	-	\$ 750.00
11. Staff Education and Training	\$ 300.00	-	\$ 300.00	-	-	-	\$ 300.00	-	\$ 300.00
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (specific details mandatory):	-	-	-	-	-	-	-	-	-
TOTAL	\$ 33,491.16	\$ 3,117.64	\$ 36,608.80	\$ 1,996.00	\$ 159.00	\$ 2,155.00	\$ 31,495.16	\$ 2,958.64	\$ 34,453.80
Indirect As A Percent of Direct					8.0%			9.4%	

Contractor Initials: *Defm*
Date: 12/4/13

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

Bidder/Program Name: Monadnock Collaborative/Monadnock & Sullivan ServiceLink

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 27,772.00	\$ 2,816.88	\$ 30,588.88	\$ 1,197.66	\$ -	\$ 1,197.66	\$ 26,574.34	\$ 2,816.88	\$ 29,391.22
2. Employee Benefits	\$ 10,609.72	\$ 997.68	\$ 11,607.40	\$ 1,197.66	\$ -	\$ 1,197.66	\$ 9,412.06	\$ 997.68	\$ 10,409.74
3. Consultants	\$ 340.00	\$ -	\$ 340.00	\$ 340.00	\$ -	\$ 340.00	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 518.67	\$ -	\$ 518.67	\$ 518.67	\$ -	\$ 518.67	\$ -	\$ -	\$ -
7. Occupancy	\$ 2,394.70	\$ -	\$ 2,394.70	\$ 2,394.70	\$ -	\$ 2,394.70	\$ 518.67	\$ -	\$ 518.67
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 153.00	\$ -	\$ 153.00	\$ 153.00	\$ -	\$ 153.00	\$ -	\$ -	\$ -
Postage	\$ 153.00	\$ -	\$ 153.00	\$ -	\$ -	\$ -	\$ 153.00	\$ -	\$ 153.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 750.00	\$ -	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -	\$ 750.00
11. Staff Education and Training	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 109.79	\$ -	\$ 109.79	\$ 890.21	\$ -	\$ 890.21
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 44,209.75	\$ 3,814.56	\$ 48,024.32	\$ 5,911.48	\$ -	\$ 5,911.48	\$ 38,238.28	\$ 3,814.56	\$ 42,112.84
Indirect As A Percent of Direct		8.6%		0.0%				10.0%	

Bidder/Program Name: [Monadnock Collaborative/Monadnock & Sullivan ServiceLink](#)

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost:			Contractor Share/ Match			Requested Subject to be Funded by DHHS Contract Shere		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 17,363.00	\$ 1,738.88	\$ 19,101.88	\$ 958.50	\$ -	\$ 958.50	\$ 16,404.50	\$ 1,738.88	\$ 18,143.38
2. Employee Benefits	\$ 3,400.77	\$ 258.88	\$ 3,659.65	\$ 958.50	\$ -	\$ 958.50	\$ 2,442.27	\$ 258.88	\$ 2,701.15
3. Consultants	\$ 140.00	\$ -	\$ 140.00	\$ 140.00	\$ -	\$ 140.00	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 213.57	\$ -	\$ 213.57	\$ 213.57	\$ -	\$ 213.57	\$ -	\$ -	\$ -
6. Travel	\$ 213.49	\$ -	\$ 213.49	\$ 93.80	\$ -	\$ 93.80	\$ 119.69	\$ -	\$ 119.69
7. Occupancy	\$ 718.34	\$ -	\$ 718.34	\$ 718.34	\$ -	\$ 718.34	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 273.00	\$ -	\$ 273.00	\$ -	\$ -	\$ -	\$ 273.00	\$ -	\$ 273.00
Postage	\$ 63.00	\$ -	\$ 63.00	\$ -	\$ -	\$ -	\$ 63.00	\$ -	\$ 63.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00	\$ -	\$ 500.00
11. Staff Education and Training	\$ 260.00	\$ -	\$ 260.00	\$ 260.00	\$ -	\$ 260.00	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 23,145.17	\$ 1,997.76	\$ 25,142.93	\$ 3,342.71	\$ -	\$ 3,342.71	\$ 19,802.46	\$ 1,997.76	\$ 21,800.22
Indirect As A Percent of Direct		8.6%			0.0%			10.1%	

Indirect As A Percent of Direct

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

Bidder/Program Name: Monadnock Collaborative/Monadnock & Sullivan ServiceLink

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 106,197.00	\$ 11,256.88	\$ 117,453.88	\$ 4,800.00	\$ 508.80	\$ 5,308.80	\$ 101,397.00	\$ 10,748.08	\$ 112,145.08
2. Employee Benefits	\$ 27,491.64	\$ 2,914.11	\$ 30,405.75	-	-	-	\$ 27,491.64	\$ 2,914.11	\$ 30,405.75
3. Consultants	-	-	-	-	-	-	-	-	-
4. Equipment:	-	-	-	-	-	-	-	-	-
Rental	-	-	-	-	-	-	-	-	-
Repair and Maintenance	-	-	-	-	-	-	-	-	-
Purchase/Depreciation	-	-	-	-	-	-	-	-	-
5. Supplies:	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-
Office	-	-	-	-	-	-	-	-	-
6. Travel	\$ 2,600.00	-	\$ 2,600.00	-	-	-	\$ 2,600.00	-	\$ 2,600.00
7. Occupancy	\$ 7,851.50	-	\$ 7,851.50	\$ 2,333.00	-	\$ 2,333.00	\$ 5,518.50	-	\$ 5,518.50
8. Current Expenses	-	-	-	-	-	-	-	-	-
Telephone	\$ 2,028.00	-	\$ 2,028.00	-	-	-	\$ 2,028.00	-	\$ 2,028.00
Postage	\$ 468.00	-	\$ 468.00	-	-	-	\$ 468.00	-	\$ 468.00
Subscriptions	-	-	-	-	-	-	-	-	-
Audit and Legal	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-
Board Expenses	-	-	-	-	-	-	-	-	-
9. Software	-	-	-	-	-	-	-	-	-
10. Marketing/Communications	\$ 2,000.00	-	\$ 2,000.00	\$ 500.00	-	\$ 500.00	\$ 1,500.00	-	\$ 1,500.00
11. Staff Education and Training	\$ 1,560.00	-	\$ 1,560.00	\$ 500.00	-	\$ 500.00	\$ 1,060.00	-	\$ 1,060.00
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (specific details mandatory):	-	-	-	-	-	-	-	-	-
TOTAL	\$ 152,796.14	\$ 14,171.00	\$ 166,967.14	\$ 8,133.00	\$ 508.80	\$ 8,641.80	\$ 144,863.14	\$ 13,662.20	\$ 158,525.34
Indirect As A Percent of Direct			9.3%			6.3%			9.4%

Note: Match is GSIL rent for space. To KHA but part of ADRG.

Contractor Initials: 
Date: 12/4/13

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

Bidder/Program Name: Monadnock Collaborative/Monadnock & Sullivan ServiceLink

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 83,307.00	\$ 8,830.54	\$ 92,137.54	-	-	-	\$ 83,307.00	\$ 8,830.54	\$ 92,137.54
2. Employee Benefits	\$ 6,419.00	\$ 680.41	\$ 7,099.41	-	-	-	\$ 6,419.00	\$ 680.41	\$ 7,099.41
3. Consultants	\$ 215.00	-	\$ 215.00	-	-	-	\$ 215.00	-	\$ 215.00
4. Equipment:	-	-	-	-	-	-	-	-	-
Rental	-	-	-	-	-	-	-	-	-
5. Repair and Maintenance	-	-	-	-	-	-	-	-	-
Purchase/Depreciation	-	-	-	-	-	-	-	-	-
6. Supplies:	-	-	-	-	-	-	-	-	-
Educational	-	-	-	-	-	-	-	-	-
Lab	-	-	-	-	-	-	-	-	-
Pharmacy	-	-	-	-	-	-	-	-	-
Medical	-	-	-	-	-	-	-	-	-
Office	\$ 2,200.00	-	\$ 2,200.00	-	-	-	\$ 2,200.00	-	\$ 2,200.00
Travel	\$ 2,200.00	-	\$ 2,200.00	-	-	-	\$ 2,200.00	-	\$ 2,200.00
7. Occupancy	\$ 5,469.50	-	\$ 5,469.50	\$ 800.00	-	\$ 800.00	\$ 4,669.50	-	\$ 4,669.50
8. Current Expenses	-	-	-	-	-	-	-	-	-
Telephone	\$ 1,716.00	-	\$ 1,716.00	-	-	-	\$ 1,716.00	-	\$ 1,716.00
Postage	\$ 396.00	-	\$ 396.00	-	-	-	\$ 396.00	-	\$ 396.00
Subscriptions	-	-	-	-	-	-	-	-	-
Audit and Legal	-	-	-	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-	-
Board Expenses	-	-	-	-	-	-	-	-	-
9. Software	-	-	-	-	-	-	-	-	-
10. Marketing/Communications	\$ 2,300.00	-	\$ 2,300.00	-	-	-	\$ 2,300.00	-	\$ 2,300.00
11. Staff Education and Training	\$ 875.00	-	\$ 875.00	-	-	-	\$ 875.00	-	\$ 875.00
12. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
13. Other (specific details mandatory):	-	-	-	-	-	-	-	-	-
TOTAL	\$ 105,097.50	\$ 9,510.96	\$ 114,608.46	\$ 800.00	-	\$ 800.00	\$ 104,297.50	\$ 9,510.96	\$ 113,808.46

Indirect As A Percent of Direct

9.0%

0.0%

9.1%

Contractor Initials: *MDH*
Date: 12/9/13

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

Bidder/Program Name: Monadnock Collaborative/Monadnock & Sullivan ServiceLink

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 51,729.00	\$ 5,483.27	\$ 57,212.27	\$ 3,000.00	\$ 318.00	\$ 3,318.00	\$ 48,729.00	\$ 5,165.27	\$ 53,894.27
2. Employee Benefits	\$ 7,093.45	\$ 751.91	\$ 7,845.36	-	-	-	\$ 7,093.45	\$ 751.91	\$ 7,845.36
3. Consultants	-	-	-	-	-	-	-	-	-
4. Equipment	-	-	-	-	-	-	-	-	-
5. Rental	-	-	-	-	-	-	-	-	-
6. Repair and Maintenance	-	-	-	-	-	-	-	-	-
7. Purchase/Depreciation	-	-	-	-	-	-	-	-	-
8. Supplies:	-	-	-	-	-	-	-	-	-
9. Educational	-	-	-	-	-	-	-	-	-
10. Lab	-	-	-	-	-	-	-	-	-
11. Pharmacy	-	-	-	-	-	-	-	-	-
12. Medical	-	-	-	-	-	-	-	-	-
13. Office	\$ 1,200.00	-	\$ 1,200.00	-	-	-	\$ 1,200.00	-	\$ 1,200.00
14. Travel	\$ 1,200.00	-	\$ 1,200.00	-	-	-	\$ 1,200.00	-	\$ 1,200.00
15. Occupancy	\$ 3,047.00	-	\$ 3,047.00	\$ 500.00	-	\$ 500.00	\$ 2,547.00	-	\$ 2,547.00
16. Current Expenses	-	-	-	-	-	-	-	-	-
17. Telephone	\$ 936.00	-	\$ 936.00	-	-	-	\$ 936.00	-	\$ 936.00
18. Postage	\$ 216.00	-	\$ 216.00	-	-	-	\$ 216.00	-	\$ 216.00
19. Subscriptions	-	-	-	-	-	-	-	-	-
20. Audit and Legal	-	-	-	-	-	-	-	-	-
21. Insurance	-	-	-	-	-	-	-	-	-
22. Board Expenses	-	-	-	-	-	-	-	-	-
23. Software	-	-	-	-	-	-	-	-	-
24. Marketing/Communications	\$ 2,000.00	-	\$ 2,000.00	-	-	-	\$ 2,000.00	-	\$ 2,000.00
25. Staff Education and Training	\$ 500.00	-	\$ 500.00	-	-	-	\$ 500.00	-	\$ 500.00
26. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
27. Other (specific details mandatory):	-	-	-	-	-	-	-	-	-
28. TOTAL	\$ 67,921.45	\$ 6,235.18	\$ 74,156.63	\$ 3,500.00	\$ 318.00	\$ 3,818.00	\$ 64,421.45	\$ 5,917.18	\$ 70,338.63
Indirect As A Percent of Direct			9.2%			9.1%			9.2%

John
Contractor Initials
Date: 12/4/13

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

Bidder/Program Name: Monadnock Collaborative/Monadnock & Sullivan ServiceLink

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 60,744.00	\$ 6,438.86	\$ 67,182.86	\$ 10,517.15	\$ 1,114.82	\$ 11,631.97	\$ 50,226.85	\$ 5,324.05	\$ 55,550.90
2. Employee Benefits	\$ 21,219.44	\$ 1,685.64	\$ 22,905.08	\$ 5,317.15	-	\$ 5,317.15	\$ 15,902.29	\$ 1,685.64	\$ 17,587.93
3. Consultants	-	-	-	-	-	-	-	-	-
4. Equipment	-	-	-	-	-	-	-	-	-
5. Rental	-	-	-	-	-	-	-	-	-
6. Repair and Maintenance	-	-	-	-	-	-	-	-	-
7. Purchase/Depreciation	\$ 1,500.00	-	\$ 1,500.00	\$ 1,500.00	-	\$ 1,500.00	-	-	-
8. Supplies:	-	-	-	-	-	-	-	-	-
9. Educational	-	-	-	-	-	-	-	-	-
10. Lab	-	-	-	-	-	-	-	-	-
11. Pharmacy	-	-	-	-	-	-	-	-	-
12. Medical	-	-	-	-	-	-	-	-	-
13. Office	\$ 1,000.00	-	\$ 1,000.00	-	-	-	-	-	-
14. Travel	\$ 1,800.00	-	\$ 1,800.00	-	-	-	\$ 1,800.00	-	\$ 1,800.00
15. Occupancy	\$ 5,620.50	-	\$ 5,620.50	\$ 5,620.50	-	\$ 5,620.50	-	-	-
16. Current Expenses	-	-	-	-	-	-	-	-	-
17. Telephone	\$ 1,404.00	-	\$ 1,404.00	\$ 646.51	-	\$ 646.51	\$ 757.49	-	\$ 757.49
18. Postage	\$ 324.00	-	\$ 324.00	-	-	-	\$ 324.00	-	\$ 324.00
19. Subscriptions	-	-	-	-	-	-	-	-	-
20. Audit and Legal	-	-	-	-	-	-	-	-	-
21. Insurance	-	-	-	-	-	-	-	-	-
22. Board Expenses	-	-	-	-	-	-	-	-	-
23. Software	-	-	-	-	-	-	-	-	-
24. Marketing/Communications	\$ 1,000.00	-	\$ 1,000.00	-	-	-	\$ 1,000.00	-	\$ 1,000.00
25. Staff Education and Training	\$ 4,500.00	-	\$ 4,500.00	\$ 3,500.00	-	\$ 3,500.00	\$ 1,000.00	-	\$ 1,000.00
26. Subcontracts/Agreements	-	-	-	-	-	-	-	-	-
27. Other (specific details mandatory):	-	-	-	-	-	-	-	-	-
TOTAL	\$ 99,111.94	\$ 8,124.51	\$ 107,236.45	\$ 27,101.31	\$ 1,114.82	\$ 28,216.13	\$ 72,010.63	\$ 7,009.69	\$ 79,020.32
Indirect As A Percent of Direct			8.2%		4.1%			9.7%	

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

Bidder/Program Name: Monadnock Collaborative/Monadnock & Sullivan ServiceLink

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 34,726.00	\$ 3,680.96	\$ 38,406.96	-	-	-	\$ -	\$ 3,680.96	\$ 38,406.96
2. Employee Benefits	\$ 1,811.84	\$ 192.06	\$ 2,003.90	-	-	-	\$ -	\$ 192.06	\$ 2,003.90
3. Consultants	\$ 60.00	-	\$ 60.00	-	-	-	\$ -	\$ -	\$ 60.00
4. Equipment	-	-	-	-	-	-	\$ -	\$ -	-
5. Rental	-	-	-	-	-	-	\$ -	\$ -	-
6. Repair and Maintenance	-	-	-	-	-	-	\$ -	\$ -	-
7. Purchase/Depreciation	-	-	-	-	-	-	\$ -	\$ -	-
8. Supplies:	-	-	-	-	-	-	\$ -	\$ -	-
9. Educational	-	-	-	-	-	-	\$ -	\$ -	-
10. Lab	-	-	-	-	-	-	\$ -	\$ -	-
11. Pharmacy	-	-	-	-	-	-	\$ -	\$ -	-
12. Medical	-	-	-	-	-	-	\$ -	\$ -	-
13. Office	\$ 700.00	-	\$ 700.00	-	-	-	\$ -	\$ -	\$ 700.00
14. Travel	\$ 700.00	-	\$ 700.00	-	-	-	\$ -	\$ -	\$ 700.00
15. Occupancy	\$ 2,085.75	-	\$ 2,085.75	\$ 1,285.82	-	\$ 1,285.82	\$ -	\$ -	\$ 799.93
16. Current Expenses	-	-	-	-	-	-	\$ -	\$ -	-
17. Telephone	\$ 546.00	-	\$ 546.00	\$ 546.00	-	\$ 546.00	\$ -	\$ -	\$ -
18. Postage	\$ 126.00	-	\$ 126.00	\$ 126.00	-	\$ 126.00	\$ -	\$ -	\$ -
19. Subscriptions	-	-	-	-	-	-	\$ -	\$ -	-
20. Audit and Legal	-	-	-	-	-	-	\$ -	\$ -	-
21. Insurance	-	-	-	-	-	-	\$ -	\$ -	-
22. Board Expenses	-	-	-	-	-	-	\$ -	\$ -	-
23. Software	-	-	-	-	-	-	\$ -	\$ -	-
24. Marketing/Communications	\$ 1,000.00	-	\$ 1,000.00	\$ -	-	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00
25. Staff Education and Training	\$ 245.00	-	\$ 245.00	\$ -	-	\$ -	\$ 245.00	\$ -	\$ 245.00
26. Subcontracts/Agreements	-	-	-	-	-	-	\$ -	\$ -	-
27. Other (specify details mandatory):	-	-	-	-	-	-	\$ -	\$ -	-
TOTAL	\$ 42,000.59	\$ 3,873.01	\$ 45,873.60	\$ 1,957.82	\$ -	\$ 1,957.82	\$ 40,042.77	\$ 3,873.01	\$ 43,915.78

Indirect As A Percent of Direct

9.2%

0.0%

9.7%

NH Department of Health and Human Services**STANDARD EXHIBIT C****SPECIAL PROVISIONS**

1. 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:

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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:

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 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:

9. 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:

9.1 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.

9.2 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.

9.3 Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor 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.

10.1 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.

10.2 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.

11. 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.

12. Reports: Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.

12.1 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.

12.2 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.

13. 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.

14. 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:

14.1 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.

15. 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.

16. 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.

17. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

SPECIAL PROVISIONS – 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.

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.

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services

STANDARD EXHIBIT D

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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) 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;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) 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);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) Abide by the terms of the statement; and
 - (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;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(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;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (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
 - (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;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) 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.

Monadnock Collaborative From: 12/4/13 To: 6/30/15
 (Contractor Name) (Period Covered by this Certification)

Melinda S. Feola-Mahar, Executive Director
 (Name & Title of Authorized Contractor Representative)

[Signature]
 (Contractor Representative Signature)

12/4/13
 (Date)

Contractor Initials: [Signature]
 Date: 12/4/13

NH Department of Health and Human Services

STANDARD EXHIBIT E

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

Contract Period: 1/1/14 through 6/30/15

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 Representative Signature)

Melinda S. Feola - Mahar, Executive Director
 (Authorized Contractor Representative Name & Title)

Monadnock Collaborative
 (Contractor Name)

12/4/13
 (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

**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

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) 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;
 - (c) 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
 - (d) 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.
- (2) 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).

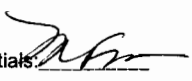
LOWER TIER COVERED TRANSACTIONS

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:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) 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).

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 Representative Signature)	<u>Melinda S. Feola-Mahar, Executive Director</u> (Authorized Contractor Representative Name & Title)
<u>Monadnock Collaborative</u> (Contractor Name)	<u>12/4/13</u> (Date)

Contractor Initials: 
Date: 12/4/13

NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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 make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.


(Contractor Representative Signature)

Melinda S. Feola - Mahar Executive Dir
(Authorized Contractor Representative Name & Title)

Monadnock Collaborative
(Contractor Name)

12/4/13
(Date)

NH Department of Health and Human Services

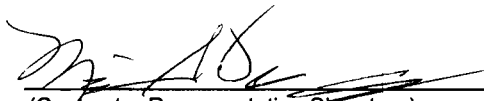
STANDARD EXHIBIT H

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 Representative Signature)

Metinda S. Feola-Mahar, Executive Dir
(Authorized Contractor Representative Name & Title)

Monadnock Collaborative
(Contractor Name)

12/4/13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 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 and those parts of the HITECH Act 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.

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- 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.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 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 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- 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, unreasonable, 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) 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, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do 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 HITECH Act, Subtitle D, Part 1, Sec. 13402 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 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. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec. 13404.
- c. 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.
- d. 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)b and (3)k herein. 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 pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. 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.
- f. 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.
- g. 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.

- h. 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.
- i. 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.
- j. 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.
- k. 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 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 standard provision #10 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, and the HITECH Act as 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 and the HITECH Act.
- 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 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Department of Health & Human Services Monadnock Collaborative
The State Agency Name Name of the Contractor

Sheri L Rockburn
Signature of Authorized Representative

Melinda S. Fcola-Mahar
Signature of Authorized Representative

Sheri Rockburn
Name of Authorized Representative

Melinda S. Fcola-Mahar
Name of Authorized Representative

Acting Associate Commissioner
Title of Authorized Representative

Executive Director
Title of Authorized Representative

12/4/13
Date

12/4/13
Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

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.

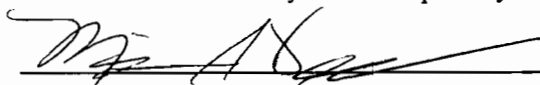
In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 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:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. 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.

 Melinda S. Feola - Mahar, Executive Director

(Contractor Representative Signature)

(Authorized Contractor Representative Name & Title)

Monadnock Collaborative

12/4/13

(Contractor Name)

(Date)

Contractor initials: 

Date: 12/4/13

Page # _____ of Page # _____

NH Department of Health and Human Services

STANDARD EXHIBIT J

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: 07-836-5403

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: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

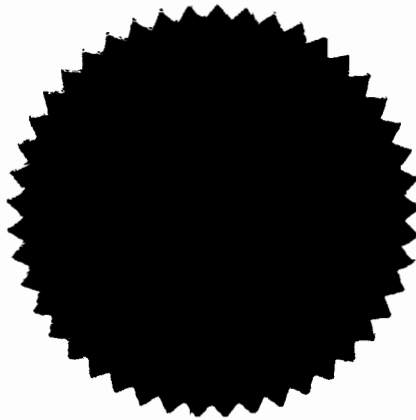
Contractor initials: mf
Date: 12/4/13
Page # _____ of Page # _____

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 Monadnock Collaborative is a New Hampshire nonprofit corporation formed June 6, 2001. I further certify that it is in good standing as far as this office is concerned, having paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 31st day of October, A.D. 2013

A handwritten signature in cursive script, reading "William M. Gardner".

William M. Gardner
Secretary of State

Monadnock Collaborative

ABSTRACT OF CORPORATE MINUTES

The following is a true abstract from minutes of meeting

of The Board of Directors of Monadnock Collaborative
(Name of Governing Board) (Name of Corporation)

on October 17, 2005 which was duly called at which a quorum was

present:

"On motion duly made and seconded, it was voted to authorize

the Executive Director, to accept grants and awards and enter into contracts, and contract amendments from time to time with the New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services, to sign and otherwise fully execute such acceptances and contracts, and contract amendments or modifications thereto, and any related documents requested by the Bureau of Elderly and Adult Services; this authorization to continue until revoked by vote of this governing board.

I certify the foregoing vote is still in effect and has not been revoked, rescinded or modified.

I further certify that (Name of corporate official signing the acceptance or contract)
Melinda S. Feola-Mahar is the duly elected (Title) Executive Director of
this corporation and is still qualified and serving in such capacity.

12/4/13
(Date)


Board Member

NO CORPORATE SEAL

STATE OF NEW HAMPSHIRE

COUNTY OF Cheshire

On December 4, 2013, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me (or satisfactorily proven) to be the Clerk/Secretary of the corporation identified in the foregoing certificate, and acknowledged that curt he executed the foregoing certificate. Hickert

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

Wendy Preston
Notary Public/~~Justice of the Peace~~

My commission expires:

WENDY PRESTON
Notary Public, State of New Hampshire
My Commission Expires October 17, 2017



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/4/2013

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 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.com FAX (A/C, No): (603) 293-7188	
INSURED Monadnock Collaborative & Pilot Health, LLC 105 Castle Street Keene NH 03431		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Co INSURER B: AmGUARD Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2013 w/upd WC

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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC			PHPK967901	2/1/2013	2/1/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☒ HIRED AUTOS ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS			PHPK967901	2/1/2013	2/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☒ EXCESS LIAB ☐ RETENTION \$ 10,000 ☒ CLAIMS-MADE ☐			PHUB408669	2/1/2013	2/1/2014	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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	MONC461176	7/1/2013	7/1/2014	WC STATU-TORY LIMITS ☐ 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

NH DHHS Bureau of Adult and Elderly Servi
29 Hazen Drive
Concord, NH 03301-6504

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

Pat-Mack/PAT

ACORD 25 (2010/05)

INS025 (201005) 01

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THE MONADNOCK COLLABORATIVE

FINANCIAL STATEMENTS

JUNE 30, 2012 and JUNE 30, 2011

AND

INDEPENDENT AUDITOR'S REPORT

Robert Halverson, CPA

Robert
Halverson, **CPA**

119 School St., Keene, NH 03431

December 12, 2012

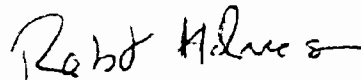
To the Board of Directors of
The Monadnock Collaborative

Independent Auditor's Report

I have audited the accompanying statement of financial position as of June 30, 2012 and June 30, 2011 and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of the Corporation's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and any significant estimates made by management. I believe that my audit provides a reasonable basis for my opinion.

In my opinion the financial statements referred to above present fairly the financial position of The Monadnock Collaborative as of June 30, 2012 and June 30, 2011 and the results of its operations, functional expenses, and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.



MONADNOCK COLLABORATIVE
Statement of Financial Position
June 30, 2012 and June 30, 2011

ASSETS		
	<u>2012</u>	<u>2011</u>
Current Assets		
Cash	208,063	261,674
Accounts Receivable	116,520	43,848
Other Receivables	47,941	97,028
Prepaid Expenses	<u>4,005</u>	<u>626</u>
Total Current Assets	376,529	403,176
Property and Equipment		
Fixed Assets	30,103	29,709
less: Accumulated Depreciation	<u>(21,589)</u>	<u>(24,663)</u>
Net Property and Equipment	8,514	5,046
Other Assets		
Deposits	<u>880</u>	<u>880</u>
Total Assets	<u>385,923</u>	<u>409,102</u>
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts Payable and Accrued Expenses	8,976	8,727
Accrued Payroll and Related Expenses	29,863	27,360
Deferred Revenue	<u>36,111</u>	<u>36,111</u>
Total Current Liabilities	74,950	72,198
Net Assets		
Net Assets, Beginning of the Year	336,904	291,983
Change in Net Assets	<u>(25,931)</u>	<u>44,921</u>
Net Assets, End of the Year	<u>310,973</u>	<u>336,904</u>
Total Liabilities and Net Assets	<u>385,923</u>	<u>409,102</u>

The accompanying footnotes are integral to these financial statements.

MONADNOCK COLLABORATIVE
Statement of Activity
For the years ended June30, 2012 and June 30, 2011

	<u>2012</u>	<u>2011</u>
Revenue		
Grants	587,000	584,093
Other Revenue	<u>13,212</u>	<u>33,487</u>
	600,212	617,580
Expenses		
Salaries and Benefits	326,580	308,260
Payroll Taxes	31,250	25,146
Contracted Program Services	177,891	159,941
Occupancy	16,324	11,000
Travel	18,547	12,756
Staff Development	8,523	7,659
Telephone and Internet	11,547	7,791
Program Materials and Supplies	13,658	12,790
Office Supplies	6,725	12,140
Depreciation and Amortization	4,120	4,733
Insurance	3,600	3,847
Accounting and Legal	3,699	3,500
Administrative Services	3,679	3,096
	<u>626,143</u>	<u>572,659</u>
Change in Net Assets	<u>(25,931)</u>	<u>44,921</u>

The accompanying footnotes are integral to these financial statements.

MONADNOCK COLLABORATIVE
Statement of Cash Flows
For the years ended June 30, 2012 and June 30, 2011

	<u>2012</u>	<u>2011</u>
Cash Flows from Operating Activities		
Change in Net Assets	(25,931)	44,921
Adjustments to Reconcile Change in Net Assets to Net Cash Provided (Used) by Operating Activities:		
Depreciation and Amortization	4,120	4,733
(Increase) Decrease in the Following Assets;		
Accounts Receivables	(72,672)	67,390
Other Receivables	49,087	29,860
Prepaid Expenses	(3,379)	10,587
Increase (Decrease) in the Following Liabilities:		
Accounts Payable and Accrued Expenses	249	38
Accrued Payroll and Related Expenses	2,503	(6,787)
Deferred Revenue	0	0
Total Adjustments	<u>(20,092)</u>	<u>105,821</u>
Net Cash Provided (Used) By Operating Activities	(46,023)	150,742
Cash Flows from Investing Activities		
Purchase of Fixed Assets	<u>(7,588)</u>	<u>(629)</u>
Net Cash Provided (Used) By Investing Activities	<u>(7,588)</u>	<u>(629)</u>
Net Increase (Decrease) in Cash	(53,611)	150,113
Cash, beginning of the year	<u>261,674</u>	<u>111,561</u>
Cash, end of the year	<u>208,063</u>	<u>261,674</u>

The accompanying footnotes are integral to these financial statements.

MONADNOCK COLLABORATIVE
Statement of Functional Expenses
For the years ended June 30, 2012 and June 30, 2011

	<u>Program</u>	<u>Admin</u>	<u>2012</u> <u>Total</u>	<u>2011</u>
Expenses				
Salaries and Benefits	277,593	48,987	326,580	308,260
Payroll Taxes	27,500	3,750	31,250	25,146
Contracted Program Services	177,891		177,891	159,941
Occupancy	14,365	1,959	16,324	11,000
Travel	16,321	2,226	18,547	12,756
Staff Development	8,523		8,523	7,659
Telephone and Internet	10,161	1,386	11,547	7,791
Program Materials and Supplies	13,658		13,658	12,790
Office Supplies	5,918	807	6,725	12,140
Depreciation and Amortization	3,626	494	4,120	4,733
Insurance	3,168	432	3,600	3,847
Accounting and Legal	0	3,699	3,699	3,500
Administrative Services	<u>0</u>	<u>3,679</u>	<u>3,679</u>	<u>3,096</u>
	<u>558,724</u>	<u>67,419</u>	<u>626,143</u>	<u>572,659</u>

The accompanying footnotes are integral to these financial statements.

The Monadnock Collaborative

Notes to the Financial Statements
June 30, 2012 and June 30, 2011

1. Significant Accounting Policies:

Basis of Accounting -

The Monadnock Collaborative (the Collaborative) prepares its financial statements in accordance with generally accepted accounting principles. The basis of accounting involves the application of accrual accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

Basis of Presentation and Change for New Pronouncements - The financial statement presentation follows the recommendations of the American Institute of Certified Public Accountants, in its Industry Audit Guide, *Audits of Voluntary Health and Welfare Organizations*.

The Collaborative elected to adopt SFAS No. 117, *Financial Statements of Not-for Profit Organizations*. Under SFAS No. 117, the Collaborative 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 restricted net assets. Contributions are considered unrestricted unless a use is specified by the donor, or unless it was in response to a temporary or permanently restricted appeal.

Tax Status - The Collaborative became an IRS recognized 501(c)(3) nonprofit organization. As such it files an annual 990 tax return which is available to the public.

Contributions - Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Deferred Revenue - The Collaborative receives some grants in advance of the contracted period for services. These amounts of revenue are recorded as liabilities, deferred revenue, at the balance sheet date.

2. Organization and Business :

The Monadnock Collaborative is a not-for-profit corporation. The Collaborative, located in Keene, New Hampshire, purpose is to support the efforts of local project and initiatives aimed at identifying and addressing the unmet healthcare needs of residents in the Monadnock Region of New Hampshire. Major programs include information and referral, education, and service program management.

3. Furniture, Equipment, and Leasehold Improvements:

The Collaborative capitalizes expenditures for items in excess of \$500, and depreciates the assets using the straight-line method over the following estimated useful lives:

	<u>Useful Lives</u>	<u>June 30, 2012</u>	<u>June 30, 2011</u>
Equipment, Furniture, Software	3-10 years	30,103	29,709
Less accumulated depreciation		(21,589)	(24,663)
		<u>\$ 8,514</u>	<u>\$ 5,046</u>

The accompanying footnotes are integral to these financial statements.

4. Leases:

The Collaborative leased its office facilities from the Monadnock Affordable Housing Corporation, a subsidiary of the Keene Housing Authority. The lease is a three year term renewable for an additional three years at the June 30, 2015 expiration. The Collaborative shares its office space with a related party (see footnote 7) Pilot Health, LLC. The minimum future lease payments due are as follows:

June 30, 2013	28,848
June 30, 2014	29,425
June 30, 2015	<u>30,014</u>
	\$ 88,287

5. Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles require management to make estimates that affect certain reported amounts. Accordingly, actual results could differ from those estimates.

6. Donated Goods and Services:

The Collaborative receives significant donations of volunteer's time which are not recognized in these statements.

7. Related Party Transactions:

The Collaborative was formed in part by the actions of Pilot Health, LLC and one of Pilot Health's partner Monadnock Family Services. Prior to July 1, 2007 Monadnock Family Services was providing payroll, computer, and administrative services to the Collaborative. Pilot Health, LLC shares office space, purchasing, payroll, employee benefits with the Collaborative. As of June 30, 2012 and 2011 Pilot Health, LLC owed the Collaborative \$ 47,941 and \$ 97,028, respectively. These balances do not require an allowance for bad debt as they have been collected in the past and currently appear collectable.

Monadnock Collaborative Organization Description

Monadnock Collaborative

The Monadnock Collaborative is a non-profit organization formed to support and nurture collaborative community projects that address the health and social service needs of the residents of the Monadnock Region. The Monadnock region has a long and distinguished history of collaboration that transcends service systems, funding streams, and eligibility restrictions. This region has served as a laboratory for collaborative efforts and has set an example for the state on what can be accomplished when artificial boundaries are set aside. The Monadnock Collaborative is one of the region's finest examples of what is possible when agencies and communities work together.

Mission Statement

The Monadnock Collaborative nurtures ideas and initiatives that enhance the health and well being of the citizens and communities in the Monadnock Region, by means of:

Serving as a model of collaboration;
Providing leadership;
Creating structure for organizations and efforts;
Fostering partnership;
Improving access to services;
Administering programs and projects

**MONADNOCK COLLABORATIVE
BOARD OF DIRECTORS**

Curt Hiebert, Chair
Keene, NH 03431
(603) 313-9100

Barclay Chase, Vice Chair

Robert Ritchie

Keith F. Thibault
Southwestern Community Services
PO Box 603
Keene, NH 03431
(603) 352-7512 X 208
Fax: 352-3618

Jane Warner
Keene State College
229 Main St
Keene, NH 03431
(603) 358-8000
jwarner@keene.edu

Monadnock Collaborative

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Melinda Feola-Mahar	Executive Director	\$65,000.00	0	0

Melinda S. Feola-Mahar

Summary of qualifications

Knowledgeable in managing departmental, interdepartmental and interagency systems in order to provide comprehensive services to consumers and their families.

Experienced in working collaboratively with state and local agencies to develop new and innovative service models, such as the Community Network Team, "A Place of My Own", Pilot Health, LLC and Monadnock ServiceLink, Monadnock Collaborative, and Dental Health Works.

Twenty years of experience in program development and implementation, including clinical, administrative, and fiscal accountability.

Demonstrated experience with developing and implementing quality improvement initiatives.

Skilled in public speaking and consultation on a variety of topics, including clinical, academic, and administrative aspects of healthcare.

Education

Bachelor of Arts in Sociology; concentration gerontology; Clark University, 1981

Master of Arts in Counseling Psychology, Rollins College, 1990

Professional experience

8/2000 to Present: Executive Director, Monadnock Collaborative

Provide administrative, fiscal and managerial leadership for the development and implementation of all projects, including Monadnock ServiceLink, Community Network Team, and Dental Health Works. Work directly with the Board of Directors to manage all aspects of the organization including but not limited to: corporate formation, establishment of federal 501 (c)(3) status, hiring and supervising paid and volunteer staff, community coalition building, grant writing, marketing, quality assurance, and fiscal management. Responsible for establishing and maintaining a working relationship with all funding sources and ensuring that the organization meets all regulatory standards.

1998 to Present: Administrator, Pilot Health, LLC

Provide administrative, fiscal and managerial leadership for the development and implementation projects and services designed to enhance the long term care service system for the Monadnock region. Current programs include Home and Community Based Case Management Services and Geriatric Care Management. Responsibilities include the formation of a Limited Liability Company, fiscal management, development of quality assurance and outcome measures, coordination of participating community agencies, grant writing, program and project development, hiring and supervision of staff, and coordination with state and federal agencies.

1993-1998: Director of Adult Case Management and Elderly Services, Monadnock Family Services

Oversaw the daily operations of four programs serving the needs of the chronically mentally ill and the older adult population. Provided direct supervision to program leaders. Worked collaboratively with all aspects of the agency to ensure quality of care, fiscal accountability, compliance with state and federal regulations, and continued program development. Consulted with and supervised the Coordinator of the Community Network Team to ensure the continued growth and development of this HCTF project. Participated in the Dual Eligible work group to represent the needs of mentally ill adults and elders in this project.

1986-1993: Director of Outpatient Services, Circles of Care, Inc.

Maintained a clinical psychotherapy practice of adults and families. Provided clinical and administrative supervision to all department staff. Oversaw the development and implementation of policies and procedures, utilization review and continued quality improvement measures as required by the Joint Commission for Accreditation of Hospitals (JCAHO). Responsible for the development and management of the department budget. Interfaced with state and federal agencies to ensure compliance with guidelines and regulations.

**Presentations and
Consultations**

1995 – Southern Wyoming Mental Health Center, Cheyenne, WY – Provided consultation to this agency regarding reorganization of their service delivery system and clinical treatment planning.

1995 – Trinity College, Burlington, VT/Middletown, CT, Satellite Campus – Taught course section on differential psychiatric diagnosis and community based treatment models.

1996 – IAPSRs, Detroit, MI – "Psycho-therapy in Psychosocial Rehabilitation"; "Multi-disciplinary Treatment Planning"

1996 – Partners for Change, Nashua, NH – "Managing Care in a Managed Care Environment"

1997 – National Association of Case Management, Orlando FL – "Breaking Down the Barriers: Case Management Without Walls"

2002 - Consulted on the development of New Hampshire ServiceLink Leadership Council

2003 - New Hampshire Conference on Aging, Concord, NH – "Caring for the Caregiver"

2003 - Alliance for Information and Referral, Cleveland, OH - "NH ServiceLink Network"

2003 – Southeastern Vermont Community Action – consulted on the development of a corporate safety plan; provided staff training on dealing with difficult clients

2003 - New England Conference on Economic Development for Disabled Adults – "Creating community responsive dental care"

2003 - Consulted on the re-organization of the Sullivan County ServiceLink Program

2004 – Consulted with the Upper Valley Community Benefits Coalition regarding legal options for formalizing the Coalition: Monadnock Collaborative model.

2004 – American Society on Aging, conference, San Francisco, CA – "Geriatric Care Coordination"

2005 – NH Conference on Aging, Manchester, NH – "Navigating the Maze of Long Term Supports"

2005 - Alliance for Information and Referral, Tucson, AZ Rural Aging I&R/A: Creating a System of Care Through Unique Partnerships

**Affiliations and
Memberships**

Adjunct Faculty, Granite State College

American Society on Aging

National Association of Geriatric Care Managers

New Hampshire Independent Case Management Association

New Hampshire ServiceLink Network

Monadnock Senior Advocates; Steering Committee member

District Health Council; advisory to District 5 Executive Councilor

Council for a Healthier Community

Former Board Member: AIDS Services for the Monadnock Region

Former Board Member: Community Prevention Collaborative

Board Member: Community Research Center, Keene State College

Board Member: Lily Garden Learning Center

Coalition Member: Heading for Home; a regional housing coalition

Jennifer Seher

EXPERIENCE

Health Care and Rehabilitation Services,

Mental Health Services, Springfield, VT

Therapeutic Case Manager

May 2000 - present

- Perform functions listed below for cases in which a child is returning to the community from residential placement or is at risk of being residentially placed. Typically these cases involve children who are not in state custody but require a complex system of services and funding.

Therapeutic Foster Care/Social Support Services

December 1996 - April 2000

Senior Case Manager/Team Leader

- Liaison with state social services and other clinical and community-based providers.
- Provide case management services for complicated systems generally involving foster and biological families; facilitate reunification efforts when appropriate.
- Provide supportive counseling for foster and biological families.
- Coordinate implementation of treatment plans for children and teens.
- Coordinate with Vermont Department of Mental Health on developing and managing Medicaid waivers and individualized service budgets.
- Respond to and manage placement crisis.
- Co-lead weekly girls group for young teens focused on developing improved peer relationships and anger management skills.

Worldwatch Institute, Washington, DC

June 1995 - November 1996

Designer/Desktop Publisher, World Watch magazine

Freelance Writing, Layout and Design, Washington, DC

July 1993 - June 1995

National Parks and Conservation Association (NPCA), Washington, DC

Deputy Director of Grassroots Program

February 1991 - June 1993

- Managed grassroots program for 300,000 member national non-profit organization.
- Oversaw the budgeting and administration of six regional offices and one chapter.
- Built a three tier activist program; increased membership 80 percent in one and half years.
- Served as editor and desktop publisher of *The ParkWatcher*, NPCA's bimonthly activist newsletter.
- Assisted in writing grant proposals and wrote chapters for park related publications.

Project Manager

October 1989 - July 1992

- Managed the development of a Congressionally mandated national trail plan.
- Facilitated and mediated community planning meetings in cities across the country.
- Co-wrote several Congressional reports; presented findings before Congress and at conferences.
- Represented NPCA in coalitions and lobbied Congress on river and trail issues.

American Trails, Washington, DC

January - October 1989

Intern promoted to Program Assistant

Center for Environmental Management, Medford, MA

September - December 1988

Training Coordinator

Thompson Island Education Center, Boston, MA

spring and fall 1988

Youth Adventure-based Environmental Science Instructor

Wilderness Ventures, Jackson Hole, WY

summer 1988

Trip Leader

EDUCATION

Tufts University, Medford, MA, 1988 - BS, Geology with a concentration in environmental studies

VOLUNTEER ACTIVITIES

Educational Surrogate, State of Vermont, 1999 - present

Taught Life Skills classes to high school students, Washington, DC, 1993 - 1995

Naturalist, Huntley Meadows, Fairfax, VA, fall 1993

NPCA Volunteer Coordinator, Martha's Table, Washington, DC, 1991 - 1993

Objective

To provide the public with the opportunity to better their community and lives. To play an integral role in the non-profit community.

Education

BA in Psychology from Keene State College
Humboldt State University, Arcata CA
Keene State College, Keene NH
Keene High School, Keene NH

Related Professional Experience

- Ten years experience working with diverse populations
- Ten years experience with providing case management to a diverse population
- Ten years experience with Monadnock community organizations
- Eight years experience developing, implementing, and evaluating programs/projects
- Eight years experience supervising student volunteers/interns/employees and projects
- Eight years experience marketing for programs and recruiting referral sources
- Demonstrated success in grant writing, program evaluation, monitoring a budget, event planning/coordinating
- Demonstrated professional connections in the Cheshire County and Monadnock Region

Experience

Information and Referral Specialist, Monadnock ServiceLink, Keene NH, December 2010-Present. I work with adults, elderly, and disabled to provide them with referrals to community resources as well as provide them with general assistance. Assist with applying for Medicaid, DHHS assistance, and Medicare. I also supervise all volunteers and help with recruitment. Maintain a resources database for all community agencies in the Monadnock Region.

PCSP Service Coordinator, Granite State Independent Living, Keene NH March 2009-December 2010. I worked with the Chronically Ill and Elderly to help them become more independent in their lives. I provided support with hiring, staffing, supervising, socializing, transportation, advocacy, as well as mobility.

CHINS Diversion Program Case Worker, City of Keene Youth Services, Keene NH, April 2004-March 2009. I was a case worker for youth ages 7-17 who were truant from school and skipping school, receiving negative grades, running away from home, or repeatedly disobeying their parent/guardian, or other authority member. I provided case management to youth and parents, advocacy, helped to identify services in the community, gave information and referrals to organizations in the community, and visited schools to educate youth on Juvenile Laws. In addition to working with youth and families, I monitored my budget, applied for funding, recruited referral sources, and developed new segments of the program. I was constantly building strong connections with the community and finding new ways to market the program such as letters, brochures, flyers, etc. I planned many public events for professionals in my area. I was the Dear Dana of the Youth Services Dear Dana website. Helped to plan and implement a teen website. In this position with the City, I was also in charge of updating and organizing all of the Youth Services and Human Services websites, as well as being the Department Technology Liaison. I hired, trained, and supervised youth working for the City of Keene.

Advocate, Monadnock Center for Violence Prevention, Keene NH, July 2003-April 2004. I was an advocate for victims of domestic violence and sexual assault. I provided court advocacy, peer support, and referrals, while participating in an on-call crisis/help line. I helped to supervise volunteers that worked for the Center. I advocated for men, women, youth, and children. The objective of this position was to help victims get to the point in their recovering process where they can move on and live their life again.

Youth Services Coordinator, Keene Housing Authority Youth Safe Haven, Keene NH, March 2002-July 2003. I worked with low-income, high risk children and families. I developed and implemented programming for these youth and parents. Developed and implemented regular family events and parenting trainings. I planned trainings and workshops for these families. I spent time fundraising to help fund programs for the youth and parents. I recruited, hired, trained, and supervised volunteers from Keene State College that wanted to work closely with youth and families.

Direct Caregiver, Monadnock Developmental Services, Keene NH Summer 2001. I provided direct care to individuals with disabilities. I provided transportation to jobs, shopping, and activities. I assisted in meal preparation and everyday chores. I participated in recreational activities with clients.

AmeriCorps Vista Member, Keene Housing Authority, Plus Time NH Summer 2001. I worked with low-income parents and children, planning summer programs for children, and workshops for adults. I created activities for families to do together as a way to lower violence throughout the neighborhoods.

Coursework

Social Psychology, Personality, Counseling, Seminar: Anxiety and Depression, Youth in Transition, Alcohol and Drug Dependency, Social Work, Family Social Work, Gender and Communication, Changing Family, Abnormal Psychology, Psychological Testing, Statistics, and Research Methods.

Activities

Juvenile Conference Committee Member, City of Keene

Keene Lions Club Plays

Delta Phi Epsilon, self-chair and community service chair, Keene State College

Acapella Choir, Keene High School

Drama Club, Keene High School

Special Trainings/Skills

- Juvenile Conference Committee Member for the City of Keene Youth Services
- Prevention Trainings
- 40 Hours of Domestic Violence and Sexual Assault Training
- Microsoft Word and Excel Trainings
- Dream Weaver Internet Development Training
- Tech Liaison Training
- Extensive Refer trainings
- Medicare Counselor Certified
- Refer Resource Database Trainings
- Juvenile Delinquency Trainings
- Communication Trainings
- Community Leadership Initiative Retreat
- Conflict Resolution Trainings
- Understanding Addiction Trainings
- Substance Abuse Conferences and Trainings
- Family Planning Trainings
- Business Writing Trainings

- Medication Administration Training and Certification
- Leadership Training
- Grant Seeking Trainings
- Extensive Computer skills and knowledge
- Strong interpersonal skills
- Strong written and oral communication skills
- 10 years of Spanish Language Education, cannot speak fluently

Hobbies/Special Interests

- Spending time with my children and family
- Outdoor enthusiast, enjoy biking, hiking, and spending time in nature
- Theater, singing, and cooking

References

Professional Reference:

Judy Sadoski
 City of Keene
 Youth and Human Services Director
 3 Washington Street
 Keene, NH 03431
 1-603-352-1982
 1-603-357-9810

Professional Reference:

Julie Davenson
 CCANNH
 Program Director After-School Programming
 181 brickyard road
 Nelson, NH 02457
 1-603-827-4108
 1-603-499-6315

Professional Reference:

Kim Robinson
 SAU 29 KHS
 Special Education Teacher
 Arch Street
 Keene, NH 03431
 1-603-352-0640
 1-802-387-2427
 1-802-275-7027

Keith R. McAllister

OBJECTIVE:

To apply a diverse training and experienced background into an organizational setting that will benefit from my proven ability to administrate and execute the delivery of services to consumers.

EDUCATION:

Spring 2003	University of Mass	Westborough, MA
<i>CERTIFICATE PROGRAM IN</i>		
Alcoholism and Chemical Dependency		
Treatment services	Pre-qualified for LDAC exam	
1995 - 1997	Community College of Vermont	Brattleboro, VT
<i>HUMAN SERVICES</i>		
1989 - 1990	Trinity College	Burlington, VT
<i>HUMAN SERVICES</i>		
Graduated 1981	North Country Union High	Newport, VT
<i>BUSINESS MANAGEMENT</i>		

WORK EXPERIENCE:

Feb 2010-Present/Part Time 20 Hrs ***Frances J. Tolles Home*** Claremont, NH

SITE MANAGER -

Providing all aspects related to the Management of a Senior Living Community owned by the City of Claremont and overseen by a Board of Trustees. Supervision to 2 full time staff and 4 part time employees to provide a safe secure environment for Ladies in "straightened circumstance" as stated in the bequeath of Frances J. Tolles in 1922.

Dec 2007-Present/Part Time 30 Hrs ***Pilot Health*** Claremont, NH

CARE COORDINATOR – Choices for Independence/HCBC Program

Case Management services under the NH Medicaid Choices for Independence Program formerly known as "Home and Community Based Care" to help low income seniors and people with disabilities to be able to live in their homes by coordinating services through provider agencies to include, Skilled Nursing, Home health Aids, Personal Care Service Providers, MOW's, Accessibility and information and referral to other community supports they may need to live in their own homes.

April 2002 – May 2007 ***Advocates Inc*** Framingham, MA

CLINICAL PROGRAM MGR - Supported Housing and Residential Program

Direct supervision, program development, budgeting, clinical evaluation, training and support of staff members in the provision of services to consumers diagnosed with severe Mental Illness to include skills training, medication mgt, benefits, budgeting and how to access the supports available to them to live independently in the community.

1999 - Aug 2001 ***Granite State Independent Living Foundation*** Concord, NH

PROGRAM DIRECTOR

Direct supervision, program development, budgeting, evaluation and reporting of GSIL's:

Title VII Part C Independent Living Services (ILS) — program staff of 14 in providing services of peer support and counseling, information and referral, skills training and advocacy, to a cross-disability population statewide.

Title VII Part B — contracted services of service coordination, access/equipment funding, transportation and access to communication statewide.

1998 -1999

Granite State Independent Living Foundation

Concord, NH

ACCESSIBILITY SERVICES COORDINATOR

Provided technical assistance and training on the ADA (Americans with Disabilities Act) to consumers, the community, public institutions, and private businesses. Responsible for overseeing the information and referral functions with emphasis on accessibility awareness and adherence to the ADA.

1995 - 1998

Vermont Center for Independent Living

Montpelier, VT

SATELLITE OFFICE MANAGER/PEER ADVOCATE COUNSELOR

Manager of Brattleboro office — information and referral to consumers and local service providers while serving as a local liaison with government officials, community groups, businesses, and the media.

Peer Advocate Counselor — service coordination to individuals with disabilities to increase their capacity for independent living and to assist in solving related problems.

Training received — Americans with Disabilities Act, group facilitation, advocacy/local to legislative, Independent living philosophy/history, alternate formatting, dealing with human service agencies, and communication.

1990 - 1994

Chittenden Bank

Burlington, VT

LEAD SERVICE REPRESENTATIVE

Supervised, trained, and developed customer service representatives. Responsible for scheduling and cash control while maintaining audit standards and sales program.

Training received — Zenger Miller; Front-line leadership: solving problems, the basic process; establishing performance expectations; developing job skills; coaching for optimal performance; taking corrective action; recognizing positive results; dealing with emotional behavior; getting your ideas across; gathering information from others; and giving constructive feedback.

OTHER EXPERIENCE:

Former member of the NH Governors Commission on Disability, Architectural Barrier-free Design Committee.

Former member of VSA of NH, Cultural Access Committee.

Conference/Event Coordination.

Facilities Maintenance — Marriott, Goddard Mansion

REFERENCES: Available upon request

Elyse Adams

Objective

I am interested in obtaining a challenging and fulfilling position in Human Service.

Abilities

- Microsoft Office
 - Word – Intermediate
 - Excel – Intermediate – including basic formulas and file matching
 - Publisher- Intermediate
 - Outlook- Intermediate
- Some Access
- X1 Solutions Database
- BPCS Inventory Control
- Customer Service Skills
- P.I.E.R.S- Data entry system
- P.W.I.T.S- Data entry system

Employment History

Program Assistant

03/19/2012-Current

Monadnock Collaborative

Keene, NH

- Logistics- Organizing and arranging food and location for events
- Participating in meetings with community members
- Working with the Regional Network of Substance Misuse Leadership Team
- Entering data into database
- Making connections with people in the Monadnock Region
- Contacting partners, coalition members, community members, and service providers through direct contact, email, or phone calls
- Taking meeting minutes
- Organizing and copying material for distribution
- Organizing and creating media advertisements and press releases
- Filing all paperwork, data collections, and handouts
- Assist Regional Substance Misuse Coordinator with Strategic Planning process
- Maintenance of Facebook, Twitter, and web page
- Assisting in grant writing process

NE Scheduler/ Logistics Coordinator

02/2006 - 04/2009

C&S Wholesale Grocers

Keene, NH

- Scheduled appointments for 3rd party carriers into the various warehouses
- Appointed carriers into warehouses using on-line data entry in Retalixtraffic.com through phone calls and web (email) requests
- Maintained a record of all calls in Excel
- Received 60-120 calls per day with the heavier volume during the holidays or when covering for personnel out of the office
- Contacted and rescheduled carriers when a warehouse was too full by scheduling another appointment in a different warehouse or hired storage facility
- Created Purchase Orders for products going from one C&S warehouse to another C&S warehouse
- Created and maintained the transportation log for all purchase orders daily and week
- Assisted the Supervisor with the creation of reporting spreadsheets for the department Vice President

Sales Marketing Assistant

February 2004 – August 2004 Schleicher & Schuell BioScience Keene, NH

- Database entry and maintenance using X1 Solutions – a customer relations management database
- Entered and fulfilled leads from advertising, trade shows, and the sales team
- Generated and cleaned up sales reports in Excel requested from Sales and Marketing using BPCS – the inventory, purchasing, and customer reporting management system

Educational History

Completion Date	Issuing Institution	Qualification	Course of Study
06/2004	Monadnock Regional High School	High School Diploma	General high school curriculum
04/2012	Axia University of Phoenix	Associates of Arts	Human Service Management
06/2013	NH Providers Association	Certificate	Grant Writing
Current	Axia University of Phoenix	Bachelors of Science	Psychology

Heather H. Sundstrom

OBJECTIVE: *A position where I can utilize my reception and data entry skills*

QUALIFICATIONS

Familiar with Microsoft office, multiple phone lines, filing, copy and fax machines.

EDUCATION

2004- Microsoft Office Certificate Keene Community Continuing Education, Keene, NH

1973- PGPB Baylor University Medical Center, Dallas, Texas

1971- LPN- Moore General Hospital School of Nursing, Goffstown, N.H..

EMPLOYMENT

Sept. 2006 to Present Receptionist.,

Monadnock Servicelink Resource Center, Keene, NH

Answer Multiple line phone system and direct calls

Perform filing, copying and sending faxes.

Assist with making appointments.

Use Microsoft Office and Excel.

Assistant to the Director.

Sept. 1997-Jan. 2007 Housekeeper,

Unicco, KSC Keene, N.H.

Prepared classrooms and rest rooms for daily use as well as thorough seasonal cleaning of floors, walls, cabinets and equipment.

Empty trash and refill supplies as needed.

Handle distribution of recyclables.

April 1997-Aug. 1998 Sales Representative,

Reliance Trading Company, Keene, N.H.

Visit existing accounts.

Check account inventory, place re-orders and restock merchandise.

Issue credits.

Oct. 1981-Feb.-1997 Manager, Fabric and Domestic Department

Richs Department Store, Keene, N.H.

Schedule daily department duties.

Process damaged merchandise for credit to store

Check in Receivables.

Prepared displays for sales floor.

Provided excellent customer services.

Beverly E. Lee-Packard

Employment

Transitions In Caregiving Specialist <i>Monadnock ServiceLink Resource Center</i>	2008 – Present <i>Keene, New Hampshire</i>

Responsible to conduct an assessment of the Caregivers' situation and their needs; assist in creating a comprehensive support plan; assist Caregiver in developing a budget using funds from NH Family Caregivers Respite Grant. Leads Powerful Tools Educational Respite Series/Master Trainer.

Program Coordinator <i>Home Healthcare, Hospice and Community Services</i>	1993 – 2008 <i>Keene, New Hampshire</i>

Responsible for all the daily operations of the Castle Center an Adult Day Care Program. Oversees staff and participants in all areas of the program. Is responsible for the development of budget for the program and staff. Maintains records for daily operation, billing, contracts and staff.

Teacher <i>Cheshire Children's Center</i>	1991 – 1993 <i>Keene, New Hampshire</i>

Nursing Home Administrator <i>Westwood Healthcare Center</i>	1987 – 1991 <i>Keene, New Hampshire</i>

Social Service Director <i>Westwood Healthcare Center</i>	<i>Keene, New Hampshire</i>

Education

<i>University of Maine</i>	<i>Presque Isle, Maine</i>

<i>University of Buffalo</i>	<i>Buffalo, New York</i>

<i>Lincoln University</i>	<i>Lincoln, Pennsylvania</i>

<i>B.A., 1977 Major: Sociology University of New Hampshire</i>	<i>Lincoln, Pennsylvania</i>

<i>Long Term Care Administration Graduate Course</i>	<i>Durham, New Hampshire</i>

Awards

- Magna Cum Laude
- Phi Beta Kappa

Resume

Jeanette Learnard

Personal

Employment

2008-Present

LPN for the Connecticut Valley Day Out Program

Duties: Evaluation, development, and implementation of programs for the adult population in need of medical adult day-care assistance. Assisting them with resources in the area, arranging for appointments and filling out forms.

2001-2008

Child Health Program Coordinator Good Beginnings of Sullivan County

Duties: Intake and assigning of new clients, Visitation Center Supervisor, statistician for Home Visiting and Child Health Programs, Parents as Teachers trained Home Visitor with resourcing to other local agencies. Use of Microsoft Windows. Excel and Publisher.

1999-201

Family Case Worker, Family Resource and Support Program, Newport, NH.

Duties: Weekly visit to families giving them support and helping them to resource other services to meet their individual needs. Interaction with various local and state agencies.

1989-1999

Manager, Claremont Travel Service, Claremont, NH

Duties: Arranging group and personal travel for my clients. Office management for a 5 person office, light bookkeeping and schedule arranging.

1969-1989

Staff Nurse at Newport and Claremont Hospitals and Claremont Visiting Nurses

Duties: Providing general nursing care, attending emergency room triage, making home visits and working at various clinics.

Education

LPN Degree, Addison Gilbert Hospital, Gloucester, MA.

Keeping CPR and LPN licensure current, with various conferences and courses.

Seminars given by the New Hampshire DCYF for case management of children and families. Attended informational meetings for services in the State of New Hampshire Training for the Parents as Teachers curriculum.

Administered and attended various informational meetings and seminars for the travel industry.

Attended conferences and meetings for administering Adult Day Care.

Accounting and Excel course, Claremont Technical College, Claremont, NH.

JEANNE MURRAY

Education

BA, Social Work with a minor in Psychology May 2007
University of New Hampshire, Durham, NH

Related Experience

Case Manager/Geriatric Support Services Coordinator, November 2011- Present
Franklin County Home Care Corporation

330 Montague City Road Suite #1 Turners Falls, MA 01376

- Conduct initial intakes and reassessments for elders living in the community to determine need and eligibility for home care services.
- Evaluate level of services needed and develop care plans accordingly.
- Provide ongoing case management and reassessments for caseload of over 100 elderly consumers and maintain detailed documentation in consumers' paper and electronic files.
- Assist consumer and/or consumer's family with applying for Medicaid as well as other community benefits such as SNAP, Safelink Wireless Phone, and Fuel Assistance.
- Work as part of an interdisciplinary team with nurses in the State Home Care and SCO programs.

Home Care Case Manager, August 2009- November 2011

Mystic Valley Elder Services

300 Commercial St. #19, Malden, MA 02148

- Conducted home visits to gather consumer information including establishing a relationship with consumer/family and working with him/her to identify unmet needs in order to determine eligibility and solutions.
- Developed, authorized, implemented and monitored care plans for consumer within budget guidelines to meet identified needs.
- Managed caseload of 100+ elderly consumers.
- Provided ongoing reassessment of client/family needs as well as monitoring effectiveness of services.

Social Worker, June 2007-August 2009

Area Home Care & Family Services

1320 Woodbury Ave., Portsmouth, NH 03801

- Conducted in-depth interviews and assess clients' service eligibility and needs in their homes in accordance with agency and state regulations.
- Assisted Program Director with coordinating and conducting monthly staff meetings, interviewing and hiring employees.
- Initiated and administered "Project Cool Air" which provided much needed air conditioning units to eligible families.
- Supervised the UNH Social Work Intern 2008-2009 providing direct training, education, support, and supervision to Social Work Intern.

Resident Assistant, August 2008- June 2010

A Better Chance

134 Main St., Andover, MA 01810

While maintaining a full time job, I resided with 9 minority high school students in the ABC House and oversaw their daily life including dormitory-related activities and academic-related activities.

- Provided a supportive, structured, family style atmosphere that promotes excellence in all areas of the student's lives.
- Supervised study hours 3-4 nights a week, maintaining direct responsibility for tracking the academic and social progress of the students and enforcing program rules and guidelines.

Jessica D Benware

Areas of Specialty

- Augmentative Communication
- Team Management
- Medical Terminology
- Diabetes, dementia, autism, seizure disorders, and mobility concerns
- Use of databases and specific programs
- Knowledge of welfare and Medicaid programs, Social Security, and Medicare

Qualifications

- Excellent written and verbal communication skills
- Experience with nonverbal people, communication devices, and Facilitated Communication
- Able to work independently or in groups
- Organized and detail oriented
- Created positive interpersonal relationships in teams
- Provided quality assurance for services provided
- Developed and maintained accurate data systems
- Followed strict confidentiality practices
- Medication administration
- Supervised, supported and evaluated employee performance
- Provided training to support staff and home providers

Experience

ServiceLink Resource Center of Sullivan County 2010- Present

Long Term Care Support Counselor

Provide individualized options counseling for consumer long term care needs. Conduct an assessment of needs, screen for program eligibility, and plan development consistent with consumer preferences and values for current and future services. Ensure consumer understanding of the services and supports that are available to them and their loved ones. Support decisions that are made and assist with that plan. Complete applications and forms while assisting with collection of necessary documentation. Consumer tracking and follow up until services are received. Advocate for accessibility and availability of needed services and benefits. Provide additional referral services to available resources. Educate consumers regarding programs and supports that are available by doing public presentations and distributing information. Perform other Servicelink roles such as Information and Referral Services, Medicare counseling, Medicaid and state assistance applications, as well as Social Security information and applications. Use computer systems including Refer 7, Options, New Heights, and NHeasy. Answer phones and assist consumers that walk in with anything that they may need.

Lincoln Street, Inc 2004-2009

Service Coordinator

Developed and implemented consumer Individualized Service Agreements with clearly defined goals and data collection mechanisms as well as Behavioral Support Plans and monitored their effectiveness. Summarized this data in assessments and reports, provided necessary follow up through telephone contact and scheduling team meetings, assured record maintenance and confidentiality complied with Medicaid requirements. Trained and supervised home providers and support staff implementing the plans while assuring that medical practices and procedures were followed. Maintained open communication with the agency nurses and medical personnel using medical terminology as it related to individual health concerns and medication administration. Conducted monthly audits of consumer personal funds and oversaw individual Medicaid Waiver budgets. Supported and assisted home providers in providing individualized supports and becoming employers and employing respite providers.

United Developmental Services 2002-2004

Program Coordinator

Monitored and coordinated all aspects of individualized services provided to developmentally disabled adults living with providers in the community and in congregate settings. Responsible for creating and supervising implementation of Individualized Service Agreements by home providers and support staff including proper and complete data collection to comply with Medicaid requirements. Compiled and entered data into the computer system for assessment and assured for confidentiality. Scheduled and facilitated home visit meetings as well as medical appointments. Assured that medical practices and procedures were followed including care needs, medication administration, and documentation.

Florida Department of Children and Families 2001-2002

Family Services Counselor

Provided support to at risk families to ensure the safety of children in protective services and foster care by making referrals for services. Made recommendations to the court regarding parental rights and placement in foster care through writing assessments from data collected while monitoring court ordered recovery plans and supervising family visits. Scheduled and facilitated meetings with parents, foster parents, and relatives as well as made unscheduled visits. Provided follow up support and services to families. Documented all activities in in Florida's statewide HomeSafeNet computer system.

Education

Franklin Pierce College 1998
B.A. Psychology

Rindge, NH

Fall Mountain Regional High School 1994
Diploma

Langdon, NH

Rebecca M. Rostron

Objective To obtain a full time position and career while contributing to a growing company that challenges me daily while working as a team towards a common goal and allows me to interact with fellow colleagues and the public as well as provide exceptional service to all that I interact with.

Experience 2008 – Present Southwestern Community Services Claremont, NH
ServiceLink Resource Center of Sullivan County

**Certified Information & Referral Specialist –Aging – CIRS-A
Certified Medicare Counselor**

- Provide supported referrals and information to the elderly & disabled to help them lead independent and healthy lives as well as to help them understand and navigate the NH DHHS system, Medicare system and other needed programs.
- Apply complex and changing Federal and State policy to ensure consistent and accurate pre-screening of clients eligibility for State and Federal benefits.
- Assess individual's long and short term needs to help identify resources to meet these needs
- Assist with filing for SS benefits and appeals (retirement, disability)
- Counsel and educate the elderly & disabled on all aspects of Medicare and other available health insurance options– (new to Medicare, fraud and abuse, enrolling, prescription drug plans, Medicare Advantage plans, Medicare Supplemental Ins. Info)
- Prepare reports in a timely manner for various funding sources (ie: AoA reports, SHIP reports, MIPPA reports, SMP reports)
- Enter all Medicare related fraud and abuse issues, concerns, education and outreach into SMART FACTS and other reporting systems
- Educate, report and provide supported assistance to Medicare beneficiaries to get Medicare Savings Benefits
- Provide community outreach (ie: presentations, radio, TV, ads) to help educate the elderly and disabled on the programs we have available to them to help them lead healthy and independent lives
- Provide Long Term Care and Caregiver support options counseling, when needed
- Work with BEAS to keep our database of resources up to date

2006-2008

Valley Regional Hospital

Claremont, NH

Mammography Coordinator

- Coordinate all functions of the mammography department
- Schedule all patients for diagnostic and routine screenings.
- Schedule all breast biopsies.
- Record all mammo and biopsy results into MRS system and mail result letters to all patients
- Manage mammo sched to maintain full daily schedules

2004-2006

Gill Home

Ludlow, VT

Payroll and Accounts Payable

Social Services Director – Admissions & Discharge Coord.

- Processed payroll and all employee benefits.
- Filed quarterly tax, federal and state payroll forms
- Managed all employee HR files, name badges, time cards
- Set up new employees with health, dental insurance
- Managed yearly reviews and updated licenses for all licensed staff
- Rec'd and entered all invoices into GL system and paid invoices on time
- Recruited and coordinated all facility admissions
- Helped resident's and families adjust to being admitted to a nursing home
- Made sure that all proper home supports were in place before any resident was discharged (ie: home care providers, ramps, bathing adaptations, meals on wheels etc).
- Assisted family's complete all admission paperwork, financial eligibility
- Completed quarterly and yearly psychosocial and discharge planning care plans for residents
- Provided social service supports for residents and their families

2001-2004

Dartmouth Hitchcock Med Ctr

Lebanon, NH

Insurance Referral Specialist/Clinical Secretary

- Obtained HMO ins referrals for all patient's specialty appts
- Scheduled all specialty appts ordered by PCP
- Scheduled patients for PCP appointments
- Collected office visit co-pays
- Entered and verified patient insurance and demographics

1999-2001

VNA of VT & NH

White River Jct., VT

Payroll/HR/Workers Compensation

- Processed payroll for multi-state home care agency with several satellite offices
- Managed HR files for all employees
- Managed tickler system for all licensed staff to assure all licenses and ins coverage are up to date
- Prepared all agency over time and on call reports
- Managed all workers compensation reports/claims for agency and assigned staff to appropriate light duty

1989-1999

Sullivan County Nursing Home

Unity, NH

Health Unit Coordinator

MDS Medicaid Reimbursement Data Entry

LNA

- Entered all federally mandated MDS assessments for Medicaid reimbursement into the computer system
- Managed patient medical record charts
- Ordered all supplies for the unit from dietary to general medical to specialty Medicare B supplies such as colostomy and feeding tube supplies.
- Recorded daily vitals (temperatures, pulse, respirations) into resident's medical records
- Maintained all resident's medical records – made sure all MD orders are signed in a timely manner (ie: telephone orders), lab tests posted, entered etc.
- Coordinated all the unit's activities
- Answered unit phone calls and directed appropriately
- Provided daily personal care (bathing, toileting, feeding, ambulating) to residents
- Monitored residents for any vital changes, behaviors etc

KIM LAUER

OBJECTIVE To be the Long Term Care Support Counselor/Options Counselor for Monadnock ServiceLink Resource Center

SKILLS & ABILITIES Experience in working with the elderly and disabled, families and care givers.
Knowledge of federal, state and local assistance programs.
Extensive network of contacts in agencies and with providers.
Highly organized, detailed oriented, able to handle multiple responsibilities.
Strong communication skills.

EXPERIENCE **MEDICARE COUNSELOR, MONADNOCK SERVICELINK RESOURCE CENTER**
2007 - Current
Provide unbiased counseling about Medicare and Medicaid and information on other health insurance options and concerns. Counseled not only Medicare beneficiaries, but also worked with family members on behalf of the Medicare beneficiary, pharmacies, physicians and insurance companies. Problem solved co-ordination of benefit issues, Medicare appeals and fraud and abuse.

INFORMATION AND REFERRAL SPECIALIST, MONADNOCK SERVICELINK RESOURCE CENTER
2006 - 2007
Provided links to information and resources, support systems, services available in the Monadnock region. Often as simple as providing a phone number and often as complex as researching options, determining eligibility, assisting with applications and collaborating with providers and family.

EDUCATION **KEENE STATE COLLEGE – KEENE NEW HAMPSHIRE – BACHELOR OF ARTS, SOCIOLOGY**

LEADERSHIP Chairperson – Community Advisory Council – Cheshire Medical Center/Dartmouth Hitchcock Clinic, Keene, NH.

CARLEIGH L. WARNER

OBJECTIVE: To assist older adults and adults living with disabilities to understand and access long term care options.

EDUCATION: Bachelor of Arts in Sociology May 2012
Minor: Communications
Keene State College, Keene, NH

WORK EXPERIENCE:

Case Transition Coach, Monadnock ServiceLink, Keene, NH 2012-present
Support patients with the movement between health care settings as their conditions and care needs change. Provide training in the coordination of services, and coordination among health professionals involved during transition.

Referral Specialist, Monadnock ServiceLink, Keene, NH 2012-present
Provide referral assistance. Make appointments, assist with applications and explore solutions for consumer needs. Manage electronic consumer contact, documentation and perform basic office tasks.

Intern, Monadnock ServiceLink, Keene, NH Spring 2012
Support consumers with accessing resources. Provide person-centered planning directed by the individual. Assist with applications and offer advocacy on consumers behalf.

Insurance Specialist, Dr. Wyman O.D., Keene, NH 2009-2012
Verify pre-exam insurance. Perform file cataloging and alphabetization. Assist with the insurance billing.

LEADERSHIP & ACTIVITIES:

Participant, Nicaragua in Change Spring 2010
Spent one week with students and faculty from Keene State College in Nicaragua to gain perspective of the Nicaraguan culture. Worked to coordinate campus visit by Nicaraguan speaker and hosted presentation.

Member, International Sociology Honor Society Spring 2012
Meet with Alpha Kappa Delta students to coordinate campus wide events. Take part in off campus gatherings and assist with enrollment of new members.

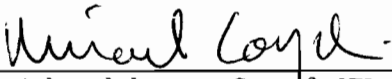
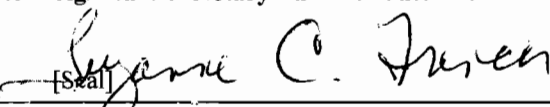
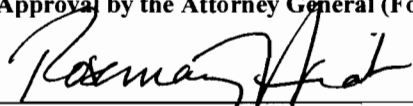
SKILLS:

Knowledge of Word, Excel and PowerPoint
Proficient with common office equipment

Subject: New Hampshire ServiceLink Resource Centers Program**AGREEMENT**

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Tri-County Community Action Program, Inc.		1.4 Contractor Address 30 Exchange Street Berlin, NH 03570	
1.5 Contractor Phone Number (603) 752-7001	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$284,240.
1.9 Contracting Officer for State Agency Mary Maggioncalda, Administrator		1.10 State Agency Telephone Number 603-271-9096	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Michael Coughlin, Chief Executive Officer	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>COOS</u> 12/4/13 On <u>12/4/13</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 			
1.13.2 Name and Title of Notary or Justice of the Peace Suzanne C. French, Notary SUZANNE C. FRENCH Notary Public - New Hampshire My Commission Expires June 19, 2018			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Sheri L. Rockburn Acting Assoc. Commissioner	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  On: 12-5-13			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall not become effective until the date the Governor and Executive Council approve this Agreement ("Effective Date").

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

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

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. In addition, the Contractor shall comply with all applicable copyright laws.

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

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

7. PERSONNEL.

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

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

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

14. INSURANCE.

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

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skilled nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Coos County.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs

4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and

4.1.1.3. A feedback loop to modify activities as needed.

4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.

4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.

4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.

4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:

4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and

4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



Exhibit A

- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

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- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
- 4.3.1. Intake and Screening
- 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
- 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
- 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
- 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
- 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
- 4.3.3. Tracking Eligibility Status
- 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

Eligibility System, NH Easy, and other program specific systems.
Designated staff will be trained and have access to these systems.

- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.

4.4. Person-Centered Transitions Support

The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:

- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
 - 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
 - 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
 - 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.

4.5. Consumer Populations and Partnerships

4.5.1. Consumer Populations

Contractor shall involve consumers on a /local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:

- People over age 60
- Adults over age 18 living with chronic illnesses or disabilities



Exhibit A

- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



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4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
- 4.6.2. Family caregivers of frail older adults;
- 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
- 4.6.4. Older caregivers of individuals with disabilities; and
- 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



Exhibit A

- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phone numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



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- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
 - 6.5.3. The Department's current hardware standards are as follows:
 - Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

- 6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.
- 6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

- 7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:
1. Number of individuals served
 2. Number of repeat visits by individuals
 3. Type of information/referral given to individuals
 4. Type of follow up performed
 5. Frequency of follow ups
 6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
 7. The number of individuals diverted from nursing home/institutional settings;
 8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



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7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source.

There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	



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Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



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Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP):	
Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determines future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.

8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.

8.1.3. Develop a Staffing Contingency Plan, including but not limited to:

8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;

8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;

8.1.3.3. Discussion of time frames necessary for obtaining replacements;

8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and

8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.

8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.

8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.

8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
- Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
- The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

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

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 18,408.00	\$ -	\$ 18,408.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 18,408.00
2. Employee Benefits	\$ 7,547.28	\$ -	\$ 7,547.28	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,547.28
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 984.00	\$ -	\$ 984.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 984.00
Repair and Maintenance	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250.00
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 750.00	\$ -	\$ 750.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 750.00
6. Travel	\$ 2,050.00	\$ -	\$ 2,050.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,050.00
7. Occupancy	\$ 6,059.00	\$ -	\$ 6,059.00	\$ 3,200.00	\$ -	\$ 3,200.00	\$ -	\$ -	\$ 2,859.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 897.79	\$ -	\$ 897.79	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 897.79
Postage	\$ 300.00	\$ -	\$ 300.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 300.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 350.00	\$ -	\$ 350.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 350.00
11. Staff Education and Training	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,500.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Indirect cost 10.2%	\$ 3,661.35	\$ -	\$ 3,661.35	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,661.35
Volunteers	\$ 624.00	\$ -	\$ 624.00	\$ 624.00	\$ -	\$ 624.00	\$ -	\$ -	\$ -
TOTAL	\$ 43,381.42	\$ -	\$ 43,381.42	\$ 3,824.00	\$ -	\$ 3,824.00	\$ 38,557.42	\$ -	\$ 38,557.42
Indirect As A Percent of Direct			10.2%			10.2%			10.2%

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

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 20,254.00	\$ -	\$ 20,254.00	\$ -	\$ -	\$ -	\$ 20,254.00	\$ -	\$ 20,254.00
2. Employee Benefits	\$ 8,304.14	\$ -	\$ 8,304.14	\$ -	\$ -	\$ -	\$ 8,304.14	\$ -	\$ 8,304.14
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchased/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 750.00	\$ -	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -	\$ 750.00
14. Travel	\$ 1,594.00	\$ -	\$ 1,594.00	\$ -	\$ -	\$ -	\$ 1,594.00	\$ -	\$ 1,594.00
15. Occupancy	\$ 2,854.00	\$ -	\$ 2,854.00	\$ -	\$ -	\$ -	\$ 2,854.00	\$ -	\$ 2,854.00
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. Postage	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 100.00
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00	\$ -	\$ 600.00
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory) indirect 10.2%	\$ 3,514.53	\$ -	\$ 3,514.53	\$ -	\$ -	\$ -	\$ 3,514.53	\$ -	\$ 3,514.53
TOTAL	\$ 37,970.87	\$ -	\$ 37,970.87	\$ -	\$ -	\$ -	\$ 37,970.87	\$ -	\$ 37,970.87
Indirect As A Percent of Direct			10.2%				10.2%		

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

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: Family Caregiver Program

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 7,280.00	\$ -	\$ 7,280.00	\$ -	\$ -	\$ -	\$ 7,280.00	\$ -	\$ 7,280.00
2. Employee Benefits	\$ 874.00	\$ -	\$ 874.00	\$ -	\$ -	\$ -	\$ 874.00	\$ -	\$ 874.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ -	\$ -	\$ 250.00	\$ -	\$ 250.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 265.00	\$ -	\$ 265.00	\$ -	\$ -	\$ -	\$ 265.00	\$ -	\$ 265.00
6. Travel	\$ 650.00	\$ -	\$ 650.00	\$ -	\$ -	\$ -	\$ 650.00	\$ -	\$ 650.00
7. Occupancy	\$ 282.00	\$ -	\$ 282.00	\$ -	\$ -	\$ -	\$ 282.00	\$ -	\$ 282.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 99.00	\$ -	\$ 99.00	\$ -	\$ -	\$ -	\$ 99.00	\$ -	\$ 99.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 350.00	\$ -	\$ 350.00	\$ -	\$ -	\$ -	\$ 350.00	\$ -	\$ 350.00
11. Staff Education and Training	\$ 750.00	\$ -	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -	\$ 750.00
12. Subcontracts/Agreements	\$ 1,800.00	\$ -	\$ 1,800.00	\$ 1,800.00	\$ -	\$ 1,800.00	\$ -	\$ -	\$ 1,800.00
13. Other (specific details mandatory) Indirect 10.2%	\$ 1,102.00	\$ -	\$ 1,102.00	\$ -	\$ -	\$ -	\$ 1,102.00	\$ -	\$ 1,102.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 13,702.00	\$ -	\$ 13,702.00	\$ 1,800.00	\$ -	\$ 1,800.00	\$ 11,902.00	\$ -	\$ 11,902.00

Indirect As A Percent of Direct

10.2%

0.0%

10.2%

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

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 11/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 3,494.00	\$ -	\$ 3,494.00	\$ -	\$ -	\$ -	\$ 3,494.00	\$ -	\$ 3,494.00
2. Employee Benefits	\$ 1,424.79	\$ -	\$ 1,424.79	\$ -	\$ -	\$ -	\$ 1,424.79	\$ -	\$ 1,424.79
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 116.60	\$ -	\$ 116.60	\$ -	\$ -	\$ -	\$ 116.60	\$ -	\$ 116.60
6. Travel	\$ 400.00	\$ -	\$ 400.00	\$ -	\$ -	\$ -	\$ 400.00	\$ -	\$ 400.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 91.36	\$ -	\$ 91.36	\$ -	\$ -	\$ -	\$ 91.36	\$ -	\$ 91.36
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 300.00	\$ -	\$ 300.00	\$ 300.00	\$ -	\$ 300.00	\$ -	\$ -	\$ 300.00
11. Staff Education and Training	\$ 200.00	\$ -	\$ 200.00	\$ -	\$ -	\$ -	\$ 200.00	\$ -	\$ 200.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ 644.40	\$ -	\$ 644.40	\$ -	\$ -	\$ -	\$ 644.40	\$ -	\$ 644.40
TOTAL	\$ 6,871.15	\$ -	\$ 6,871.15	\$ 300.00	\$ -	\$ 300.00	\$ 6,371.15	\$ -	\$ 6,371.15

Indirect As A Percent of Direct

10.2%

10.2%

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

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 4,876.00	\$ -	\$ 4,876.00	\$ -	\$ -	\$ -	\$ 4,876.00	\$ -	\$ 4,876.00
2. Employee Benefits	\$ 2,066.00	\$ -	\$ 2,066.00	\$ -	\$ -	\$ -	\$ 2,066.00	\$ -	\$ 2,066.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 564.00	\$ -	\$ 564.00	\$ -	\$ -	\$ -	\$ 564.00	\$ -	\$ 564.00
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchased/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 216.60	\$ -	\$ 216.60	\$ -	\$ -	\$ -	\$ 216.60	\$ -	\$ 216.60
6. Travel	\$ 750.00	\$ -	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -	\$ 750.00
7. Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 88.00	\$ -	\$ 88.00	\$ -	\$ -	\$ -	\$ 88.00	\$ -	\$ 88.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 155.26	\$ -	\$ 155.26	\$ -	\$ -	\$ -	\$ 155.26	\$ -	\$ 155.26
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details mandatory):	\$ 973.00	\$ -	\$ 973.00	\$ -	\$ -	\$ -	\$ 973.00	\$ -	\$ 973.00
TOTAL	\$ 9,688.86	\$ -	\$ 9,688.86	\$ -	\$ -	\$ -	\$ 9,688.86	\$ -	\$ 9,688.86
Indirect As A Percent of Direct			10.2%						10.2%

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

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 7/1/14- 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 29,848.00	\$ -	\$ 29,848.00	\$ -	\$ -	\$ -	\$ 29,848.00	\$ -	\$ 29,848.00
2. Employee Benefits	\$ 12,237.68	\$ -	\$ 12,237.68	\$ -	\$ -	\$ -	\$ 12,237.68	\$ -	\$ 12,237.68
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,920.00	\$ -	\$ 1,920.00	\$ -	\$ -	\$ -	\$ 1,920.00	\$ -	\$ 1,920.00
Repair and Maintenance	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 100.00
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 50.00	\$ -	\$ 50.00	\$ -	\$ -	\$ -	\$ 50.00	\$ -	\$ 50.00
Travel	\$ 1,500.00	\$ -	\$ 1,500.00	\$ -	\$ -	\$ -	\$ 1,500.00	\$ -	\$ 1,500.00
7. Occupancy	\$ 12,118.00	\$ -	\$ 12,118.00	\$ 6,400.00	\$ -	\$ 6,400.00	\$ 5,718.00	\$ -	\$ 5,718.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,800.00	\$ -	\$ 1,800.00	\$ -	\$ -	\$ -	\$ 1,800.00	\$ -	\$ 1,800.00
Postage	\$ 160.00	\$ -	\$ 160.00	\$ -	\$ -	\$ -	\$ 160.00	\$ -	\$ 160.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,200.00	\$ 102.00	\$ 1,302.00	\$ 1,000.00	\$ 102.00	\$ 1,102.00	\$ 200.00	\$ -	\$ 200.00
11. Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
indirect cost on program	\$ 5,460.44	\$ -	\$ 5,460.44	\$ -	\$ -	\$ -	\$ 5,460.44	\$ -	\$ 5,460.44
Volunteers	\$ 2,496.00	\$ -	\$ 2,496.00	\$ 2,496.00	\$ -	\$ 2,496.00	\$ -	\$ -	\$ -
TOTAL	\$ 68,800.12	\$ 102.00	\$ 68,902.12	\$ 9,896.00	\$ 102.00	\$ 10,000.00	\$ 58,904.12	\$ -	\$ 58,904.12
Indirect As A Percent of Direct						10.2%			10.2%

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

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 7/1/14- 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 43,966.00	\$ -	\$ 43,966.00	\$ -	\$ -	\$ -	\$ 43,966.00	\$ -	\$ 43,966.00
2. Employee Benefits	\$ 18,026.06	\$ -	\$ 18,026.06	\$ -	\$ -	\$ -	\$ 18,026.06	\$ -	\$ 18,026.06
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 100.00
14. Travel	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -	\$ 1,200.00
15. Occupancy	\$ 2,854.00	\$ -	\$ 2,854.00	\$ -	\$ -	\$ -	\$ 2,854.00	\$ -	\$ 2,854.00
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18. Postage	\$ 50.00	\$ -	\$ 50.00	\$ -	\$ -	\$ -	\$ 50.00	\$ -	\$ 50.00
19. Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25. Staff Education and Training	\$ 257.65	\$ -	\$ 257.65	\$ -	\$ -	\$ -	\$ 257.65	\$ -	\$ 257.65
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory) indirect 10.2%	\$ 6,778.28	\$ -	\$ 6,778.28	\$ -	\$ -	\$ -	\$ 6,778.28	\$ -	\$ 6,778.28
TOTAL	\$ 73,231.99	\$ -	\$ 73,231.99	\$ -	\$ -	\$ -	\$ 73,231.99	\$ -	\$ 73,231.99

Indirect As A Percent of Direct

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

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: Family Caregiver Program

Budget Period: 7/1/14- 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 16,432.00	\$ -	\$ 16,432.00	\$ -	\$ -	\$ -	\$ 16,432.00	\$ -	\$ 16,432.00
2. Employee Benefits	\$ 2,514.72	\$ -	\$ 2,514.72	\$ -	\$ -	\$ -	\$ 2,514.72	\$ -	\$ 2,514.72
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchased/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ 250.00	\$ -	\$ 250.00	\$ -	\$ -	\$ -	\$ 250.00	\$ -	\$ 250.00
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 265.47	\$ -	\$ 265.47	\$ -	\$ -	\$ -	\$ 265.47	\$ -	\$ 265.47
6. Travel	\$ 650.00	\$ -	\$ 650.00	\$ -	\$ -	\$ -	\$ 650.00	\$ -	\$ 650.00
7. Occupancy	\$ 282.00	\$ -	\$ 282.00	\$ -	\$ -	\$ -	\$ 282.00	\$ -	\$ 282.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 99.00	\$ -	\$ 99.00	\$ -	\$ -	\$ -	\$ 99.00	\$ -	\$ 99.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 750.00	\$ -	\$ 750.00	\$ -	\$ -	\$ -	\$ 750.00	\$ -	\$ 750.00
12. Subcontracts/Agreements	\$ 3,200.00	\$ -	\$ 3,200.00	\$ 3,200.00	\$ -	\$ 3,200.00	\$ -	\$ -	\$ 3,200.00
13. Other (specific details mandatory) Indirect 10.2%	\$ 2,166.81	\$ -	\$ 2,166.81	\$ -	\$ -	\$ -	\$ 2,166.81	\$ -	\$ 2,166.81
TOTAL	\$ 26,510.00	\$ -	\$ 26,510.00	\$ 3,200.00	\$ -	\$ 3,200.00	\$ 23,310.00	\$ -	\$ 23,310.00
Indirect As A Percent of Direct			10.2%			0.0%			10.2%

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

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 7/1/14- 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 5,706.16	\$ -	\$ 5,706.16	\$ -	\$ -	\$ -	\$ 5,706.16	\$ -	\$ 5,706.16
2. Employee Benefits	\$ 1,843.00	\$ -	\$ 1,843.00	\$ -	\$ -	\$ -	\$ 1,843.00	\$ -	\$ 1,843.00
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 220.04	\$ -	\$ 220.04	\$ -	\$ -	\$ -	\$ 220.04	\$ -	\$ 220.04
6. Travel	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00	\$ -	\$ 600.00
7. Occupancy	\$ 1,168.00	\$ -	\$ 1,168.00	\$ -	\$ -	\$ -	\$ 1,168.00	\$ -	\$ 1,168.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 120.00	\$ -	\$ 120.00	\$ -	\$ -	\$ -	\$ 120.00	\$ -	\$ 120.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 300.00	\$ -	\$ 300.00	\$ -	\$ -	\$ -	\$ 300.00	\$ -	\$ 300.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory) indirect 10.2%	\$ 1,130.00	\$ -	\$ 1,130.00	\$ -	\$ -	\$ -	\$ 1,130.00	\$ -	\$ 1,130.00
Volunteer	\$ 1,248.00	\$ -	\$ 1,248.00	\$ 1,248.00	\$ -	\$ 1,248.00	\$ -	\$ -	\$ -
TOTAL	\$ 12,335.20	\$ -	\$ 12,335.20	\$ 1,248.00	\$ -	\$ 1,248.00	\$ 11,087.20	\$ -	\$ 11,087.20

Indirect As A Percent of Direct 10.2%

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

Bidder/Program Name: Tri-County CAP - SLRC of Coos County

Budget Request for: Senior Medicare Patrol Program
(Name of Program)

Budget Period: 7/1/14- 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 7,072.00	\$ -	\$ 7,072.00	\$ -	\$ -	\$ -	\$ 7,072.00	\$ -	\$ 7,072.00
2. Employee Benefits	\$ 2,899.52	\$ -	\$ 2,899.52	\$ -	\$ -	\$ -	\$ 2,899.52	\$ -	\$ 2,899.52
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Repair and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 164.54	\$ -	\$ 164.54	\$ -	\$ -	\$ -	\$ 164.54	\$ -	\$ 164.54
Travel	\$ 600.00	\$ -	\$ 600.00	\$ -	\$ -	\$ -	\$ 600.00	\$ -	\$ 600.00
Occupancy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ 88.00	\$ -	\$ 88.00	\$ -	\$ -	\$ -	\$ 88.00	\$ -	\$ 88.00
Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Marketing/Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Education and Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (specific details mandatory) indirect 10.2%	\$ 1,202.00	\$ -	\$ 1,202.00	\$ -	\$ -	\$ -	\$ 1,202.00	\$ -	\$ 1,202.00
Volunteer	\$ 1,248.00	\$ -	\$ 1,248.00	\$ 1,248.00	\$ -	\$ 1,248.00	\$ -	\$ -	\$ -
TOTAL	\$ 13,274.06	\$ -	\$ 13,274.06	\$ 1,248.00	\$ -	\$ 1,248.00	\$ 12,026.06	\$ -	\$ 12,026.06
Indirect As A Percent of Direct			10.2%				10.2%		

NH Department of Health and Human Services**STANDARD EXHIBIT C****SPECIAL PROVISIONS**

1. 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:

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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:

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 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:

9. 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:

9.1 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.

9.2 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.

9.3 Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor 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.

10.1 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.

10.2 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.

11. 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.

12. Reports: Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.

12.1 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.

12.2 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.

13. 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.

14. 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:

14.1 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.

15. 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.

16. 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.

17. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

SPECIAL PROVISIONS – 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.

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.

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services**STANDARD EXHIBIT D****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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) 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;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) 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);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) Abide by the terms of the statement; and
 - (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;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(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;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (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
 - (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;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) 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.

Tri-County Community Action Program, Inc.

From: 1/1/14 To: 6/30/15

(Contractor Name) (Period Covered by this Certification)

Michael Coughlin, Chief Executive Officer

(Name & Title of Authorized Contractor Representative)


(Contractor Representative Signature)

12/4/13

(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT E

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

Contract Period: 1/1/14 through 6/30/13

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 Representative Signature)

Michael Coughlin, Chief Executive Director
(Authorized Contractor Representative Name & Title)

Tri-County Community Action Program, Inc.
(Contractor Name)

12/4/13
(Date)

NH Department of Health and Human Services**STANDARD EXHIBIT F****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

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) 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;
 - (c) 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
 - (d) 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.
- (2) 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

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:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) 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).

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 Representative Signature)	Michael Coughlin, Chief Executive Officer (Authorized Contractor Representative Name & Title)
Tri-County Community Action Program, Inc. (Contractor Name)	12/4/13 (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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 make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.



(Contractor Representative Signature)

Michael Coughlin, Chief Executive Officer

(Authorized Contractor Representative Name & Title)

Tri-County Community Action Program, Inc.

(Contractor Name)

12/4/13

(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT H

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 Representative Signature)

Michael Coughlin, Chief Executive Officer

(Authorized Contractor Representative Name & Title)

Tri-County Community Action Program, Inc.

(Contractor Name)

12/4/13

(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 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 and those parts of the HITECH Act 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.

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- 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.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 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 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- 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, unreasonable, 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) 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, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do 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 HITECH Act, Subtitle D, Part 1, Sec. 13402 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 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. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec.13404.
- c. 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.
- d. 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)b and (3)k herein. 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 pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. 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.
- f. 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.
- g. 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.

- h. 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.
- i. 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.
- j. 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.
- k. 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 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 standard provision #10 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, and the HITECH Act as 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 and the HITECH Act.
- 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 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Department of Health & Human Services Tri-County Community Action Program, Inc.
The State Agency Name Name of the Contractor

Sheri L. Rockburn

Signature of Authorized Representative

Michael Coughlin

Signature of Authorized Representative

Sheri L. Rockburn

Name of Authorized Representative

Michael Coughlin

Name of Authorized Representative

Acting Associate Commissioner

Title of Authorized Representative

Chief Executive Officer

Title of Authorized Representative

12/5/13

Date

12/4/13

Date

NH Department of Health and Human Services

STANDARD EXHIBIT J

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.

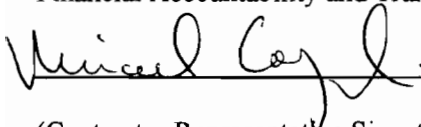
In accordance with 2 CFR Part 170 (*Reporting Subaward and Executive Compensation Information*), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

- 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:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. 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.

 Michael Coughlin, Chief Executive Officer
(Contractor Representative Signature) (Authorized Contractor Representative Name & Title)

Tri-County Community Action Program, Inc. 12/4/13
(Contractor Name) (Date)

Contractor initials: MC
Date: 12.4.13
Page # 1 of Page # 1

NH Department of Health and Human Services

STANDARD EXHIBIT J

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: 073975708 _____

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: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Contractor initials: JMC

Date: 12.4.13

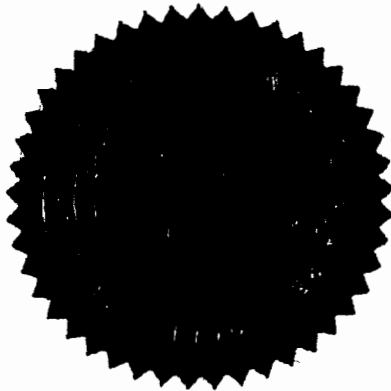
Page # 1 of Page # 1

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 TRI-COUNTY COMMUNITY ACTION PROGRAM, INC. (TRI-COUNTY CAP) is a New Hampshire nonprofit corporation formed May 18, 1965. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 5th day of June A.D. 2013

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE/AUTHORITY

I, Todd Fahey, do hereby certify that:

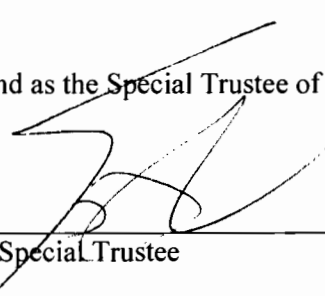
1. I am the Special Trustee appointed by the NH Probate Court to act on behalf of, and with all the powers of, the Tri-County Community Action Program, Inc., Board of Directors;
2. The following are resolutions of the corporation, duly enacted on December 4, 2013:

RESOLVED: That this corporation may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the NH Department of Health and Human Services, acting through its Bureau of Elderly and Adult Services.

RESOLVED: That the Tri-County Community Action Program, Inc. Chief Executive Officer is hereby authorized on behalf of this corporation to enter into said contracts with the NH 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 may deem necessary, desirable or appropriate.

3. Michael Coughlin is the Tri-County Community Action Program, Inc. Chief Executive Officer.
4. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of December 4, 2013.

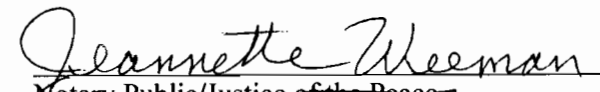
IN WITNESS WHEREOF, I have hereunto set my hand as the Special Trustee of the corporation this 4th day of December, 2013.



Todd Fahey, Special Trustee

STATE OF NH
COUNTY OF MERRIMACK

The foregoing instrument was acknowledged before me this 4th day of December, 2013, by Special Trustee Todd Fahey.



~~Notary Public/Justice of the Peace~~
My Commission Expires:

JEANNETTE M. WEEMAN, Notary Public
My Commission Expires March 10, 2015

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/03/13

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 Davis Towle Morrill & Everett 115 Airport Road P O Box 1260 Concord, NH 03302-1260	CONTACT NAME: PHONE (A/C, No, Ext): 603 225-6611 FAX (A/C, No): 603-225-7935 E-MAIL ADDRESS:																					
INSURED Tri County Community Action Program Inc 30 Exchange Street Berlin, NH 03570	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A :</td><td>Philadelphia Insurance Co.</td><td></td></tr> <tr> <td>INSURER B :</td><td>MEMIC Indemnity Company</td><td></td></tr> <tr> <td>INSURER C :</td><td></td><td></td></tr> <tr> <td>INSURER D :</td><td></td><td></td></tr> <tr> <td>INSURER E :</td><td></td><td></td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Philadelphia Insurance Co.		INSURER B :	MEMIC Indemnity Company		INSURER C :			INSURER D :			INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A :	Philadelphia Insurance Co.																					
INSURER B :	MEMIC Indemnity Company																					
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.

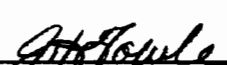
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		PHPK1051833	07/22/2013	07/22/2014	EACH OCCURRENCE \$1,000,000
	☒ COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
	☐ CLAIMS-MADE ☒ OCCUR					MED EXP (Any one person) \$5,000
						PERSONAL & ADV INJURY \$1,000,000
						GENERAL AGGREGATE \$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$3,000,000
	☐ POLICY ☐ PRO-JECT ☒ LOC					\$
A	AUTOMOBILE LIABILITY		PHPK1051833	07/22/2013	07/22/2014	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	☒ ANY AUTO					BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS	☐ SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	☒ HIRED AUTOS	☒ NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
A	☒ UMBRELLA LIAB	☒ OCCUR	PHUB429043	07/22/2013	07/22/2014	EACH OCCURRENCE \$2,000,000
	☐ EXCESS LIAB	☐ CLAIMS-MADE				AGGREGATE \$2,000,000
	☐ DED ☒ RETENTION \$10000					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		3102801186	07/01/2013	07/01/2014	☒ WC STATUTORY LIMITS ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y ☒ N N/A				E.L. EACH ACCIDENT \$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$500,000
						E.L. DISEASE - POLICY LIMIT \$500,000

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

**** Workers Comp Information ****

Included states ~ NH

CERTIFICATE HOLDER**CANCELLATION**

State of NH, Dept of Health & Human Services Catherine A Cormier 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 

***TRI-COUNTY COMMUNITY
ACTION PROGRAM, INC.***

AUDITED FINANCIAL STATEMENTS

***FOR THE YEAR ENDED
JUNE 30, 2012***

INDEX TO FINANCIAL STATEMENTS

Financial Statements

Independent Auditor's Report.....	1-2
Statement of Financial Position	3
Statement of Activities.....	4
Statement of Cash Flows	5
Notes to the Financial Statements.....	6-21
Supplemental Schedule of Functional Expenses.....	22-23

INDEPENDENT AUDITOR'S REPORT

Todd C. Fahey, Esq.
Court-Appointed Special Trustee
Tri-County Community Action Program, Inc.
Berlin, New Hampshire 03570

We have audited the accompanying statement of financial position of Tri-County Community Action Program, Inc. (a nonprofit organization) as of June 30, 2012, and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as discussed in the following paragraph, 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 of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As more fully described in Note B, Tri-County Community Action Program, Inc. had not previously classified the difference between its assets and liabilities as unrestricted net assets, temporarily restricted net assets and permanently restricted net assets based on the existence or absence of donor-imposed restrictions. The effects on the financial statements of that departure from those accounting principles are not reasonably determinable.

In our opinion, except for the effects of such adjustments, if any, as might have been determined to be necessary had the opening balance of the net assets referred to in the preceding paragraph been susceptible to satisfactory audit tests, the financial statements referred to above present fairly, in all material respects, the financial position of Tri-County Community Action Program, Inc. as of June 30, 2012, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note B to the financial statements, Tri-County Community Action Program, Inc. implemented the requirements of FASB ASC 958 and recorded the current year changes in net assets by class as unrestricted net assets, temporarily restricted net assets and permanently restricted net assets based on the existence or absence of donor-imposed restrictions.

The accompanying financial statements have been prepared assuming that the entity will continue as a going concern. For the year ended June 30, 2012, the Organization used restricted net assets for unrestricted purposes that contravene the donor's restrictions amounted to \$321,749. These factors, and others discussed in Note Q, indicate that the entity may be unable to continue in existence. The financial statements do not include any adjustments relating to the recoverability and classification of recorded assets or the amounts and classifications of liabilities that might be necessary in the event the entity cannot continue in existence.

The financial statements of Tri-County Community Action Program, Inc. as of and for the year ended June 30, 2011 were audited by other auditors whose report thereon, dated March 30, 2012 expressed an unqualified opinion. As part of our audit of the 2012 financial statements, we also audited the adjustments described in Note P to the financial statements that were applied to restate the 2011 financial statements. In our opinion, such adjustments are appropriate and have been properly applied. We were not engaged to audit, review, or apply any procedures to the 2011 financial statements of Tri-County Community Action Program, Inc. other than in respect of the adjustments and, accordingly, we do not express an opinion or any other form of assurance on the 2011 financial statements taken as a whole.

In accordance with Government Auditing Standards, we have also issued our report dated March 28, 2013, on our consideration of Tri-County Community Action Program, Inc.'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 internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audit.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Functional Expenses on pages 21 and 22 is presented for purposes of additional analysis 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 information is fairly stated in all material respects in relation to the financial statements as a whole.

Mason + Rich, P.A.

MASON + RICH PROFESSIONAL ASSOCIATION
Certified Public Accountants

March 28, 2013

TRI-COUNTY COMMUNITY ACTION PROGRAM

STATEMENT OF FINANCIAL POSITION

JUNE 30, 2012

ASSETS

CURRENT ASSETS

Restricted Deposit Account - Guardianship	\$ 255,759
Accounts Receivable, Net	626,033
Inventories	99,759
Total Current Assets	981,551

PROPERTY AND EQUIPMENT

Plant and Equipment	10,260,796
Less: Accumulated Depreciation	(3,410,650)
Net Property and Equipment	6,850,146

OTHER ASSETS

Restricted Cash - Debt Service	186,516
Other Assets	46,174
Total Other Assets	232,690

TOTAL ASSETS

\$ 8,064,387

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Current Portion of Long-Term Debt	\$ 3,337,972
Current Portion of Lease Payable	30,067
Line of Credit	793,976
Bank Overdraft	8,046
Accounts Payable	1,001,434
Accrued Compensated Absences	406,689
Accrued Salaries	114,987
Accrued Expenses	14,753
Other Liabilities	630,759
Total Current Liabilities	6,338,683

LONG-TERM LIABILITIES

Long-Term Debt, Net of Current Portion	930,918
Lease Payable, Net of Current Portion	39,603
Interest Rate Swap at Fair Value	114,433
Total Long-Term Liabilities	1,084,954

TOTAL LIABILITIES

7,423,637

NET ASSETS

Unrestricted	(321,749)
Temporarily Restricted	962,499

TOTAL NET ASSETS

640,750

TOTAL LIABILITIES AND NET ASSETS

\$ 8,064,387

TRI-COUNTY COMMUNITY ACTION PROGRAM

STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED JUNE 30, 2012

	Unrestricted	Temporarily Restricted	Total
SUPPORT AND REVENUES			
Grants and Contracts	\$ 15,732,761	\$ 686,718	\$ 16,419,479
Program Funding	1,935,620	-	1,935,620
Utility Programs	671,725	-	671,725
In-Kind Contributions	411,442	-	411,442
Contributions	266,155	80,481	346,636
Fundraising	54,929	-	54,929
Rental Income	44,496	-	44,496
Interest Income	884	-	884
Gain (Loss) on Disposal	2,247	-	2,247
Other Revenue	212,551	-	212,551
Total Support and Revenues	<u>19,332,810</u>	<u>767,199</u>	<u>20,100,009</u>
NET ASSETS RELEASED FROM RESTRICTION			
Expiration of Program Restrictions	-	-	-
OPERATING EXPENSES			
Agency Fund	1,515,511	-	1,515,511
Headstart	2,522,460	-	2,522,460
Guardianship	814,151	-	814,151
Transportation	1,055,705	-	1,055,705
Volunteer	129,170	-	129,170
Workforce Development	534,984	-	534,984
AOD	1,545,026	-	1,545,026
Carroll County Dental	595,841	-	595,841
Carroll County Restorative Justice	261,197	-	261,197
Support Center	311,910	-	311,910
Homeless	908,177	-	908,177
Energy & Community Development	9,619,568	-	9,619,568
Elder	1,326,239	-	1,326,239
Total Operating Expenses	<u>21,139,939</u>	<u>-</u>	<u>21,139,939</u>
OTHER EXPENSES			
Loss on Interest Rate Swap	44,620	-	44,620
TOTAL EXPENSES	<u>21,184,559</u>	<u>-</u>	<u>21,184,559</u>
CHANGES IN NET ASSETS	<u>(1,851,749)</u>	<u>767,199</u>	<u>(1,084,550)</u>
Net Assets, Beginning of Year as Previously Reported	2,235,260	-	2,235,260
Prior Period Adjustment, see Note P	(705,260)	195,300	(509,960)
Net Assets, Beginning of Year, as Restated	<u>1,530,000</u>	<u>195,300</u>	<u>1,725,300</u>
Net Assets, End of Year	<u>\$ (321,749)</u>	<u>\$ 962,499</u>	<u>\$ 640,750</u>

The Accompanying Notes are an Integral Part of These Financial Statements

TRI-COUNTY COMMUNITY ACTION PROGRAM

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED JUNE 30, 2012

CASH FLOWS FROM OPERATING ACTIVITIES

Decrease in Net Assets	\$ (1,084,550)
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities:	
Depreciation	510,568
Gain on Disposal of Property	(2,247)
Loss on Interest Rate Swap	44,620
(Increase) Decrease in Operating Assets:	
Restricted Deposit Account - Guardianship	(255,759)
Accounts Receivable	401,365
Inventories	(20,726)
Other Assets	(13,558)
Increase (Decrease) in Operating Liabilities:	
Bank Overdraft	(222,316)
Accounts Payable	323,594
Accrued Compensated Absences	11,789
Accrued Salaries	8,387
Accrued Expenses	53,608
Other Liabilities	630,759
Deferred Revenue	(670,752)
Total Adjustments	799,332
Net Cash Used in Operating Activities	(285,218)

CASH FLOWS FROM INVESTING ACTIVITIES

Proceeds from Disposal of Property	2,247

CASH FLOWS FROM FINANCING ACTIVITIES

Net Proceeds from Line of Credit	272,036
Repayment of Long-Term Debt	(107,411)
Net Proceeds from Long-Term Debt	143,000
Repayment of Capital Lease Obligation	(25,288)
Net Cash Provided by Financing Activities	282,337

NET DECREASE IN CASH AND CASH EQUIVALENTS

(634)

Cash and Equivalents, Beginning of Year

187,150

Cash and Equivalents, End of Year

\$ 186,516

Supplemental Disclosure of Cash Flow Information

Cash Paid During the Year For:

Interest

\$ 222,133

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.

NOTES TO FINANCIAL STATEMENTS

A | NATURE OF ACTIVITIES

Tri-County Community Action Program, Inc. (the Organization) is a New Hampshire non-profit Corporation that operates a wide variety of community service programs which are funded primarily with grants or contracts from various federal, state, and local agencies.

A description of the major programs is as follows:

Agency

The Northern Forest Heritage Park (the Park) provides hundreds of individuals with an educational experience as they visit a full-size replica logging camp, interactive exhibits, the Brown Company House Museum, the Artisans' Display Gallery and gift shop, as well as boat tours, cultural festivals, demonstrations, and competitions. The Park is also available for community and family events.

Agency activities also include the management and allocation of funding received through a Community Services Block Grant, as well as management of the Organizations real estate property.

Head Start

Head Start serves hundreds of children and their families in seventeen classrooms at eleven locations throughout the three counties. Research demonstrates that children who are healthy learn better. Due to this fact, parents in our program receive assistance in completing medical and dental exams for their children. To further assist in breaking the cycle of poverty, each family enrolled in Head Start receives assistance in completing a family needs assessment, and subsequent support in achieving their self-sufficiency and personal improvement goals.

Guardianship

The Organization's guardianship program provides advocacy and guardian services for the vulnerable population of New Hampshire (NH) residents (developmentally disabled, chronically mentally ill, traumatic brain injury, and the elderly suffering from Alzheimer's, dementia, and multiple medical issues) who need a guardian and who have no family member or friend willing, able, or suitable to serve in that capacity.

Transportation

The Organization's transit program provides various transportation services: public bus routes, door-to-door service by request, long distance medical travel to medical facilities outside our regular service area, and special trips for the elderly to go shopping and enjoy other activities that are located outside the regular service area. Our fleet of 18 wheelchair accessible vehicles offers transportation options to the elderly and disabled, as well as to the general public.

Volunteer

Coos County Retired & Senior Volunteers Program (RSVP) maintains a minimum corps of 330 volunteers, ages 55 and older. These volunteers share their skills, life experiences, and time with over 50 local non-profit and public agencies throughout Coos County that depend on volunteer assistance to meet the needs of their constituents. Our volunteers donate over 50,000 hours yearly.

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TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

Workforce Development

Workforce training programs, with training facilities in three towns, provide temporary assistance for needy family (TANF) recipients with 20-30 hours per week of training in the areas of employment skills, computer skills, and business experience, and also place participating TANF recipients in community-based work experience sites.

Alcohol & Other Drugs (AOD)

Services provided through the AOD program include assisting the alcoholic/addicted person on the road to recovery, through three phases: Crisis Intervention, Sobriety Maintenance, and Assessment and Referral to appropriate treatment facilities. The Residential Treatment Programs (Friendship House) provide chemically dependent individuals with the fundamental tools of recovery, including educational classes, group and individual counseling, work and recreational therapy, and attendance at in-house and community-based alcoholics anonymous and narcotics anonymous meetings.

Carroll County Dental

The Tamworth Dental Center (the Center) offers high quality oral health care to children with NH Medicaid coverage. We also serve uninsured and underinsured children and adults using a sliding fee scale that offers income-based discounts for care. The Center accepts most common dental insurances for those who have commercial dental insurance coverage. A school-based project of the Dental Center, School Smiles, offers oral health education, screening, treatment and referrals for treatment to over 1,000 children in 9 schools in the vicinity of the Center.

Carroll County Restorative Justice

The Organization's restorative justice program provides comprehensive alternatives to traditional court sentencing and dispute resolution within the framework of Balanced and Restorative Justice. Two key components of this process are personal accountability for one's actions (diversion) and alternative conflict resolution (mediation). Services are provided by in-house staff, volunteers, and partnered relations with other local service providers.

Support Center

The Organization's Support Center at Burch House is a domestic and sexual violence crisis center that provides direct service and shelter to victims of domestic and sexual violence in Northern Grafton County. Support groups for victims and survivors are provided all year long. Violence prevention programs reach out to students in grades 4-12 and to civic and community groups, as well as to other health and human service professionals in the area.

Homeless

Homeless services include an outreach intervention and prevention project that strives to prevent individuals and families from becoming homeless, and assists the already homeless in securing safe, affordable housing. The Organization provides temporary shelter space for homeless clients. The Organization also provides some housing rehabilitation services to help preserve older housing stock.

Energy and Development, and Community Contact

Energy programs provide fuel assistance, electric assistance, utility conservation, and weatherization measures including insulation, air-sealing, energy efficient lighting and refrigerators, hot water conservation measures, minor home repairs, and replacement windows and doors.

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TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

Offices in eight locations are our outreach sites for local participant access. Applications for energy assistance programs, rental security deposit assistance and other emergency services are taken at these community contact offices. These offices also provide information to the Organization's clients about their other programs and programs available through other organizations in the community

Elder

The Organization's elder program provides senior meals in 12 community dining sites, home-delivered meals (Meals on Wheels) to the frail and homebound elderly, and senior nutrition education and related programming; Adult Day Services including respite for those caring for an adult who requires assistance with activities of daily living, support groups, caregiver education, and in-home assessments; Coos County ServiceLink Aging & Disability Resource Center, which assists with Medicare counseling, Medicaid assistance, long-term care counseling services, and caregiver supports.

B | SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

Revenues and expenses are reported on the accrual basis of accounting. Under this basis, revenues, other than contributions, and expenses are reported when incurred without regard to the date of receipt or payment of cash.

Estimates

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

Cash and Cash Equivalents

For purposes of the statement of cash flows, cash includes cash on hand, funds on deposit with financial institutions, and investments with original maturities of three months or less.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year-end. Most of the receivables are amounts due from federal and state awarding agencies and are based upon reimbursement for expenditures made under specific grants or contracts. A portion of the accounts receivable balance represents amounts due from patients at Carroll County Dental. Management has concluded that realization losses on balances outstanding at year-end will be immaterial. Therefore, past due receivables are written off at management's discretion using the direct write off method; this is not considered a departure from accounting principles generally accepted in the United States because the effects of the direct write method approximate those of the allowance method. Management selects accounts to be written off after analyzing past payment history and the age of the accounts receivable. The Organization does not charge interest on outstanding accounts receivable.

Inventories

Inventory consists of donated clothing and household items which are sold through the organizations thrift store in Lancaster, NH. These items are valued at the price for which they can be sold.

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TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

Inventory also includes weatherization materials which have been purchased in bulk. These items are valued at the most recent cost. A physical inventory of the thrift store items and weatherization materials is taken annually. Cost is determined using the first-in, first-out (FIFO) method.

Property and Equipment

Acquisitions of buildings, equipment, and improvements in excess of \$5,000 and all expenditures for repairs, maintenance, and betterments that materially prolong the useful lives of assets are capitalized. Buildings, equipment, and improvements are stated at cost less accumulated depreciation. Depreciation is provided using the straight-line method over the estimated useful lives of the related assets. Depreciation expense related to assets used solely by an individual program is charged directly to the related program. Depreciation expense for assets used by more than one program is charged to the program based upon a square footage or other similar allocation. Depreciation expense related to administrative assets is included in the indirect cost pool and charged to the programs in accordance with the indirect cost plan. Maintenance and repairs are charged to expense as incurred. Estimated useful lives are as follows:

Buildings and Improvements	20 to 40 years
Furniture and Equipment	5 to 15 years

Change in Accounting Principle

For the year ended June 30, 2012, the Organization changed its method of accounting for the difference between its assets and liabilities to comply with the requirements of FASB ASC 958 and reported its net assets according to the three classes as discussed below.

Net Assets

The Organization is required to report information regarding its financial position and activities according to classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. Descriptions of the net asset categories included in the Organization's financial statements are as follows:

Unrestricted net assets include revenues and expenses and contributions which are not subject to any donor imposed restrictions. Unrestricted net assets can be board designated by the Board of Directors for special projects and expenditures.

Temporarily restricted net assets include contributions for which time restrictions or donor-imposed restrictions have not yet been met. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restriction.

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 (excluding capital gains restricted by State statute) be made available for program operations in accordance with donor restrictions. The Organization had no permanently restricted net assets at June 30, 2012.

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TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

Contributions

Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence or nature of any donor restrictions.

Donated Materials and Services

Contributed noncash assets are recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of noncash assets are recorded as unrestricted support.

In-Kind Donations

Contributions of donated services that create or enhance non-financial assets or that require specialized skills and would typically need to be purchased if not provided by donation are recorded at their fair values in the period received.

Advertising

The Organization uses advertising to inform the community about the programs it offers and the availability of services. Advertising is expensed as incurred. The total cost of advertising for the year ended June 30, 2012 was \$20,051.

Tax Status

The Organization is exempt from federal income tax under Section 501(c) of the Internal Revenue Code as an organization described in Section 501(c)(3). The Organization has also been classified as an entity that is not a private foundation within the meaning of Section 509(a) and qualifies for deductible contributions.

The Organization follows FASB ASC, *Accounting for Uncertainty in Income Taxes*, which clarifies the accounting for uncertainty in income taxes and prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of tax positions taken or expected to be taken in a tax return. The Organization does not believe they have taken uncertain tax positions, therefore, a liability for income taxes associated with uncertain tax positions has not been recognized. Additionally the Organization did not recognize interest or penalties resulting for tax liabilities associated with recognizing uncertain tax positions for the year ended June 30, 2010.

The Organization's Federal Form 990 (Return of Organization Exempt from Income Tax) for 2009, 2010, and 2011 are subject to examination by the IRS, generally for three years after they are filed.

Functional Allocation of Expenses

The costs of providing the various programs and activities have been summarized on a supplement schedule of revenues and expenses by program. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Descriptions of the functional expense allocations included in the Organization's financial statements are as follows:

Salaries and related expenses are allocated to the various program and supporting services based on actual or estimated time employees spend on each function as reported on a timesheet.

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TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

Workers Compensation expenses are charged to each program based upon the classification of the each employee and allocated to the various program based upon the time employees spend on each function as noted above.

Paid Leave is charged to a leave pool and is allocated to each program as a percentage of total salaries.

Fringe Benefits are charged to a Fringe Benefit Pool. These expenses include employer payroll taxes, pension expenses, health and dental insurance and unemployment compensation. The pool is allocated to each program based upon a percentage of salaries.

Depreciation expense is allocated to each program based upon an analysis of square footage. The same calculation is used to allocate other building costs including insurance.

Insurance: automobile insurance is allocated to programs based on vehicle usage; building liability insurance is allocated to programs based on square footage of the buildings; and insurance for furniture and equipment is allocated to programs using the book basis of the insured assets.

The remaining shared expenses are charged to an Indirect Cost Pool and are allocated to each program based upon a percentage of program expenses. The expenses include items such as general liability insurance, administrative travel, professional fees and other expenses which cannot be specifically identified and charged to a program.

The Organization submits an indirect cost rate proposal for the Paid Leave, Fringe Benefits and Other Indirect costs to the U.S. Department of Health and Human Services. The proposal effective for July 1, 2011 received provisional approval and extended approval through April 30, 2013.

Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e. the "exit price") in an orderly transaction between market participants at the measurement date. The accounting standards for fair values establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are inputs that market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Company. Unobservable inputs are inputs that reflect the Company's assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The hierarchy is broken down into three levels based on the reliability of inputs as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Company has the ability to access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these products does not entail a significant degree of judgment.

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TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

Level 2 - Valuation is determined from quoted prices for similar assets or liabilities in active markets, quoted prices for identical instruments in markets that are not active or by model-based techniques in which all significant inputs are observable in the market.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement. The degree of judgment exercised in determining fair value is greatest for instruments categorized in Level 3.

The availability of observable inputs can vary and is affected by a wide variety of factors, including, the type of asset/liability, whether the asset/liability is established in the marketplace, and other characteristics particular to the transaction. To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, for disclosure purposes the level in the fair value hierarchy within which the fair value measurement in its entirety falls is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

Fair value is a market-based measure considered from the perspective of a market participant rather than an entity-specific measure. Therefore, even when market assumptions are not readily available, assumptions are required to reflect those that market participants would use in pricing the asset or liability at the measurement date.

See Note J for information related to the use of fair value measurements.

C | CONCENTRATION OF RISK

The Organization maintains cash balances at various financial institutions. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Cash deposits at these financial institutions at June 30, 2012 did not exceed \$250,000. There was no amount of cash uninsured or uncollateralized as of June 30, 2012.

As disclosed in Note D, the Organization maintains a deposit account on behalf of clients who participate in the Guardianship Service Program. The total deposit balance in the account at June 30, 2012 was \$255,759. The total amount uninsured and uncollateralized at June 30, 2012 was \$5,759.

D | CASH RESTRICTIONS

The Organization is required to maintain a deposit account with a bank as part of the loan security agreement disclosed at Note K. The required balance in the account is \$52,497 and is restricted from withdrawal except to make payments of debt service or as approved by the US Department of Agriculture. Amounts withdrawn to make payments of debt service must be replenished with monthly deposits until the maximum required deposit balance is achieved. The balance as of June 30, 2012 was \$93 and the Organization was not in compliance with this requirement.

The Organization is required to maintain a deposit account with another bank as part of a bond issue as disclosed at Note K. The required balance in the account is \$186,516 and is equal to the interest

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TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

payments on the bond for a 12 month period. The balance as of June 30, 2012 was \$186,516 and the Organization was in compliance with this requirement.

The Organization maintains a deposit account on behalf of clients who participate in the Guardianship Services Program. The balance in the account is restricted for use on behalf of these clients and an offsetting liability is reported on the financial statements as other current liabilities. As reported at Note F, the Organization withdrew \$375,000 from this account during the 2012 fiscal year which is reported as additional liability in other current liabilities. The total deposit balance in the account at June 30, 2012 was \$255,759. The total current liability related to this account at June 30, 2012 was \$630,759.

E | PROPERTY AND EQUIPMENT

For the year ended June 30, 2012, the balance in property and equipment consisted of the following:

Buildings and Improvements	\$ 7,686,861
Furniture and Equipment	1,983,468
Land	<u>590,467</u>
Total	10,260,796
Less Accumulated Depreciation	<u>(3,410,650)</u>
Total Property and Equipment, Net	<u>\$ 6,850,146</u>

The Organization has use of computers and equipment which are the property of state and federal agencies under grant agreements. The equipment, whose book value is immaterial to the financial statements, is not included in the Organization's property and equipment totals.

Depreciation expense amounted to \$510,568 for the year ended June 30, 2012.

F | COMMITMENTS AND CONTINGENCIES

Grant Compliance

The Organization received funds under several federal and state grants. Under the terms of the grants the Organization is required to comply with various stipulations including use and time restrictions. If the Organization was found to be noncompliant with the provisions of the grant agreements, the Organization could be liable to the grantor or face discontinuation of funding.

Environmental Contingencies

On March 30, 2009 the Organization's Board of Directors agreed to secure ownership of a 1.2-acre site located in Berlin, New Hampshire. There are 2 buildings on this site designated as the East Wing and West Wing Buildings which were formerly used as a research and development facility for the Berlin Mills Company. The exterior soil and interior parts of the East Wing Building contained contaminants which required environmental remediation. In a letter dated May 2, 2012, the State of New Hampshire Department of Environment Services (the Department) noted that the remedial actions for the exterior soils and parts of the East Wing Building had been completed to the Department's satisfaction. In addition, the Department noted that the contaminants related to the West

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TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

Wing Building did not pose an exposure hazard to site occupants, area residents, and environment provided the West Wing Building is maintained to prevent further structural deterioration. If further deterioration occurs and contaminants are released into the environment the Organization could be required to take additional action including containment and remediation.

Furthermore, the Organization was provided notice of due diligence to complete a fence that would prevent access to contaminants on the property. The fence would ultimately limit the Organization exposure to potential liability from unsuspecting guests on the property. As of June 30, 2012 the Organization had not completed construction of the fence.

Other Liabilities

During the fiscal year ended June 30, 2012, the Organization transferred \$375,000 from the Guardianship checking account into the Organizations operating account. The funds held in the Guardianship account belong to clients who are serviced by TCCAP's Guardianship Services Program and are entrusted to the Organization for the benefit of these clients. Management has identified the transfer and has recorded a liability for the amount due to the Guardianship account. This amount is recorded on the financial statements as a current liability.

G | LEASE AGREEMENTS

Capital Leases

The Organization leases equipment from Leaf Financial Corporation under a capital lease. The economic substance of the lease is that the Organization is financing the acquisition of the assets through the lease, and accordingly, it is recorded in the Organization's assets and liabilities.

The following is an analysis of the leased assets included in Equipment:

Equipment	\$ 159,277
Less accumulated depreciation	<u>127,422</u>
Net Book Value	<u>\$ 31,855</u>

Future minimum payments under capital leases are as follows:

<u>Year ending June 30,</u>	
2013	\$ 39,875
2014	39,875
2015	<u>3,935</u>
Total Future Payments	83,685
Less Amount Representing Interest	<u>(14,015)</u>
Present Value of Future Payments	69,670
Less Current Portion	<u>(30,067)</u>
Long-Term Portion	<u>\$ 39,603</u>

Interest expense was \$19,021 for the year ended June 30, 2012.

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TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

Operating Leases

The Organization has entered into several lease commitments for space. Leases under non-cancelable lease agreements are as follows:

<i>Program</i>	<i>Term</i>	<i>Annual Payment</i>
Carroll County Restorative Justice	Oct 1, 2011 to Sept 30, 2014	\$ 2,160
Head Start	Apr 1, 2011 to Mar 31, 2013	28,878
	Apr 1, 2013 to Mar 31, 2018	30,011
	Apr 1, 2018 to Mar 31, 2023	31,143
	Apr 1, 2023 to Mar 31, 2023	32,276
Head Start	Sep 1, 2010 to Aug 31, 2011	17,700
	Sep 1, 2011 to Aug 31, 2012	18,300
	Sep 1, 2012 to Aug 31, 2013	18,900
	Sep 1, 2013 to Aug 31, 2014	19,800
Head Start	Jan 1, 2011 to Dec 31, 2011	15,000
	Jan 1, 2012 to Dec 31, 2012	15,000
Head Start	Jun 1, 2010 to May 31, 2011	10,200
	Jun 1, 2011 to May 31, 2012	10,200
	Jun 1, 2012 to May 31, 2013	10,200
Guardianship Services	Jan 1, 2010 to Dec 31, 2011	10,356
	Jan 1, 2010 to Dec 31, 2011	10,704
	Jan 1, 2010 to Dec 31, 2011	10,944
North Country Transit	Mar 1, 2012 to Apr 28, 2013	2,880
Homeless Outreach & Community Contact	Jul 1, 2011 to Jun 30, 2013	20,088
Community Contact	Jul 1, 2011 to Jun 30, 2013	11,400
Workplace Success	Jul 1, 2011 to Jun 30, 2013	26,371

Additionally the Organization has several facilities which are leased on a month to month basis. The annual rent expense for the leased facilities was \$218,058 for the year ended June 30, 2012.

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TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

The future minimum lease payments on the above leases for the year ending June 30 are as follows:

2013	\$ 140,621
2014	57,149
2015	33,851
2016	30,011
2017	30,011

H | LINE OF CREDIT

The Organization has available a \$45,000 unsecured line of credit with Northway Bank, at June 30, 2012. Borrowings under the line bear interest at 6.50% per annum, and totaled \$45,000 at June 30, 2012. The line of credit is unsecured.

The Organization has available a \$800,000 line of credit with TD Bank which was secured with real estate mortgages and assignments of leases and rents on various properties as disclosed in the line of credit agreement. Borrowings under the line bear interest at 4.25% per annum, and totaled \$729,273 at June 30, 2012. The line is subject to renewal on January 31, 2013.

The Organization has available a \$25,000 line of credit with Bank of NH which is secured with all business assets of the Northern Forest Heritage Park. Borrowings under the line bear interest at 4.25% per annum, and totaled \$20,003 at June 30, 2012.

I | ACCRUED VACATION

Employees of the Organization are eligible to accrue vacation for a maximum of 240 days. Accrued vacation totaled \$406,689 at June 30, 2012.

J | DERIVATIVE INSTRUMENTS

As disclosed in Note K, the note payable to bank bears interest monthly of 69% of the sum of the one month London Interbank Offered Rate (LIBOR) plus 3.25% (when the Organization's debt service coverage ratio is 1.10) or 3.00% (when the Organization's debt service coverage ratio is 1.20). The Organization's purpose in entering into the swap arrangement was to hedge against the risk of interest rate increases on the related variable rate debt and not to hold the instrument for trading purposes. The Organization pays interest at a fixed 3.85%. The arrangement is scheduled to expire on August 2040. The notional amount of the contract was \$3,145,412. Accordingly, the swap arrangement, which is a derivative financial instrument, is classified as a cash flow hedge.

For the year ended June 30, 2012, the fair value of the interest rate swap was \$114,433 and the unrealized loss was \$44,620. The fair value of the swap is included on the balance sheet as a long-term liability. No amounts have been reclassified as interest expense and based upon the Organization's intent to hold the derivative until expiration they do not expect to reclassify any unrealized gains or losses to interest expense.

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TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

K | LONG-TERM DEBT

The Organization's long-term debt consists of the following at June 30, 2012:

1. Note payable to lending institution, payable in 360 monthly installments of \$484 including interest at 5% per annum. Secured by general business assets. Final installment due March 2024.	\$ 51,140
2. Note payable to lending institution, payable in 360 monthly installments of \$1,496 including interest at 4.50% per annum. Secured by general business assets. Final installment due June 2024.	166,619
3. Note payable to lending institution, payable in 360 monthly installments of \$1,664 including interest at 5% per annum. Secured by general business assets. Final installment due January 2027.	204,783
4. Note payable to lending institution, payable in 360 monthly installments of \$292 including interest at 4.75% per annum. Secured by general business assets. Final installment due April 2030.	41,943
5. Note payable to lending institution, payable in 360 monthly installments of \$74 including interest at 4.75% per annum. Secured by general business assets. Final installment due June 2029.	10,338
6. Note payable to a bank, payable in 120 monthly installments of \$457 including interest at 4.25% per annum. Secured by a first mortgage on a business condo. Final installment due December 2015.	18,693
7. Note payable to a bank, payable in 120 monthly installments of \$3,799 including interest at 6.75% per annum. Secured by first mortgages on two commercial properties. Final installment due April 2021.	486,961
8. Bond payable to a bank, payable in monthly installments of \$15,260 including interest adjusted by a swap agreement with a fixed rate of 3.85%, adjusted by the difference between the fixed amount and a rate of interest equal to 69% of the sum of the 1 month LIBOR rate plus 3.25% (when the Organization's debt service coverage ratio is 1.10) or 3.00% (when the Organization's debt service coverage ratio is 1.20). Secured by first commercial real estate mortgage of various properties and assignments of rents at various properties. Final installment due August 2040.	3,145,413
9. Note payable to a related party, interest accrues 6% per annum, no monthly installments, full principal amount plus interest is due August 2012.	43,000
10. Note payable to a non-profit organization, interest accrues 6% per annum, no monthly installments, full principal plus interest due during the Organizations fiscal year end 2013.	<u>100,000</u>
Total Long-Term Debt	\$ 4,268,890
Less Current Portion	<u>3,337,972</u>
Long-Term Debt Net of Current	<u>\$ 930,918</u>

(Continued on next page)

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

Future maturities of long-term debt are as follows for the years ended June 30:

<u>Years Ending June 30,</u>	
2013	\$ 3,337,972
2014	46,726
2015	49,276
2016	50,078
2017	49,101
Thereafter	<u>735,737</u>
Total	<u>\$ 4,268,890</u>

As described at Note D, the Organization is required to maintain a reserve account with a bank for loans 1 through 6 listed above. The Organization was not in compliance with this requirement. Failure to meet this requirement may be construed by the Government to constitute default.

As described at Note D, the Organization is required to maintain a reserve account with a bank related to loan 10 listed above. Additionally, the Organization is required to maintain a debt coverage ratio of 1:1.10 as stipulated in the loan agreement. As of June 30, 2012, the Organization was not in compliance with all covenants. As a result, the amount outstanding at June 30, 2012 is included with as a current liability on the statement of financial position.

L | RELATED PARTY TRANSACTIONS

Notes Payable – Related Party

As disclosed in Note K, the Organization has a loan payable to the wife of the Former Chief Executive Officer. See Note K for the terms of the note payable.

As disclosed in Note K, the Organization also has a loan payable to a non-profit organization which also provides pass-through state and federal funding for some of the Organizations Programs. See Note J for the terms of the note payable.

M | NET ASSETS

Temporarily restricted net assets consisted of grants and other unexpended revenues subject to donor restrictions and available for the following purposes as of June 30, 2012:

NH Charitable Foundation Grant, Mt. Jasper	\$ 46,650
Privately Funded Fuel Assistance Emergency Fund	12,609
Privately Funded Fuel Assistance Program	143,916
Federal and State Funding for the Head Start	361,817
Federal Community Services Block Grant	168,966
Private Grant for the Alcohol and Other Drug Program	50,000

(Continued on next page)

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO THE FINANCIAL STATEMENTS

Cash was overstated by \$23,258 due to an unknown reconciliation discrepancy between the reconciliation and the actual general ledger balance. The result of this adjustment reduces unrestricted net assets as reported on June 30, 2011.

Cash was overstated by \$460,215 due to an unknown outstanding debit to cash used as a reconciling item for multiple bank statements going back more than a year. The Organization is continuing to research this item, however, the result of this adjustment reduces unrestricted net assets as reported on June 30, 2011.

Payroll liabilities and the related expenses were understated by \$106,600 because accrued payroll was not posted in the prior year. This adjustment reduces unrestricted net assets as reported on June 30, 2011.

Accrued employee benefits and the related expenses were overstated by \$109,421. This adjustment increases unrestricted net assets as reported on June 30, 2011.

Accumulated depreciation and depreciation expense was understated by \$33,763. This adjustment decreases unrestricted net assets as reported on June 30, 2011.

Accounts payable was overstated by \$19,724. This adjustment increased unrestricted net assets as reported on June 30, 2011.

The Capital lease liability was overstated by \$27,547 due to the lease being reported at the gross value of payments rather than being discounted based upon the effective interest rate. The effect of this adjustment was an increase to unrestricted net assets as reported on June 30, 2011.

Accounts receivable for the Dental Center and related income were understated by \$49,879. The effect of this adjustment was an increase to unrestricted net assets as reported on June 30, 2011.

Long term liabilities were understated by \$69,813 due to the fair value of the swap not being recorded in the financial statements. This adjustment decreased unrestricted net assets as reported on June 30, 2011.

Deferred revenue was overstated by \$51,508. This adjustment increases unrestricted net assets as reported on June 30, 2011.

Accounts receivable was overstated by \$74,390 for amounts recorded as amounts receivable on grants which were not valid claims. This adjustment decreases unrestricted net asset as reported on June 30, 2011.

Temporarily restricted net assets were understated by \$195,300 related to contributions received with donor use restrictions which had not been expended for the purpose intended. This adjustment resulted in an increase in temporarily restricted net assets and a decrease in unrestricted net assets as reported on June 30, 2011.

(Continued on next page)

TRI-COUNTY COMMUNITY ACTION PROGRAM, INC.
NOTES TO FINANCIAL STATEMENTS

Q | GOING CONCERN

The accompanying financial statements have been prepared assuming that the Organization will continue as a going concern. As shown in the financial statements the Organization incurred a net loss of \$1,078,642 for June 30, 2012. At June 30, 2012, current liabilities exceed current assets by \$5,357,132. At June 30, 2012 the Organization's total assets exceed total liabilities, however, certain net assets are temporarily restricted for specific purposes as disclosed in Note M. As a result, the Organization used restricted net assets for unrestricted purposes that contravene the donor's restrictions which total \$321,749.

As disclosed in Note K, in connection with a note payable to a bank, the Organization has violated certain provisions of the loan agreement. At June 30, 2012 the bank had not demanded immediate payment on outstanding principal balance, however, due to the violation of the agreement the note is shown as a current liability. A significant portion of the Organization's operating assets are pledged as collateral for this note, and foreclosure by the bank would seriously impair the Organization's continued existence.

The Organization plans to continue as a going concern by instituting cost reductions for expenses that have been determined to be excessive and discretionary. Management has also identified inefficiencies throughout the Organization due to lack of oversight by previous management and anticipates substantial cost savings opportunities as a result of implementing new operational systems. Additional areas that will be addressed include evaluating building vacancies and renting or selling unused space, increasing fundraising efforts, and increase revenues from programs offering services that generate unrestricted revenues.

R | SUBSEQUENT EVENTS

Management has evaluated subsequent events through March 28, 2013, the date which the financial statements were available to be issued.

On December 14, 2012, a probate judge suspended the board of directors and appointed a special trustee to oversee the operations of the Organization at the request of the state Attorney General's office after the resignation of the Chief Executive Officer (CEO) and Chief Financial Officer (CFO) in early December.

The line of credit with TD Bank was converted to an amortizing term loan on November 14, 2012. Additionally, a commercial real estate mortgage and assignment of leases and rents was added as collateral at that time.

A portion of the cash balance which had been transferred from the Guardianship account was repaid leaving a liability to the clients serviced by the Guardianship Program of \$224,000.

In January of 2012, there was a fire in a building owned by the Organization that was used as a thrift store. The Organization had adequate insurance to cover losses suffered by the fire.

Various parties were provided notices of forthcoming claims for damages on account of theft, casualty loss, and negligence due to misappropriation of the Organization's assets.

TRI-COUNTY COMMUNITY ACTION PROGRAM
SUPPLEMENTAL SCHEDULE OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2012

	Agency Fund	Head Start	Guardianship	Transportation	Volunteer	Workforce Development	AOD
DIRECT EXPENSES							
Payroll	\$ 140,025	\$ 1,108,781	\$ 464,332	\$ 520,232	\$ 75,103	\$ 210,894	\$ 732,447
Payroll Taxes & Benefits	182,868	420,707	183,779	124,570	31,209	86,621	262,227
Assistance to Clients	4,217	(391)	-	16	-	23,965	3,945
Consultants and Contractors	106,725	15,153	2,761	27,219	-	1,878	36,713
Fiscal and Administrative	22,916	22,530	8,125	417	84	1,094	17,049
Space Costs and Rentals	9,434	180,156	40,064	10,240	5,376	124,410	15,427
Consumable Supplies	11,701	134,788	14,621	12,426	965	9,660	103,331
Rental, Lease, Purchase and Maintenance of Equipment	1,580	2,197	35	23,888	-	5,376	-
Building and Grounds Maintenance	56,447	20,248	-	2,790	-	13,264	36,539
Utilities	178,024	24,360	17,144	21,967	748	12,400	68,463
Fixed Fees	-	-	-	-	-	-	-
Travel and Meetings	8,357	74,692	17,208	35,384	310	15,003	13,852
Vehicle Expense	1,309	-	3,242	156,432	165	-	72,885
Insurance	91,920	31,312	1,624	15,784	810	-	5,082
Interest Expense	173,742	-	-	-	-	-	20,087
Other Direct Program Costs	8,122	7,999	2,724	10,051	149	692	19,908
Depreciation Expense	431,408	1,659	-	2,757	-	-	23,993
Fundraising	(131)	-	494	11,513	5,103	-	-
In-kind Expended	406	300,288	-	4,140	-	-	-
Total Direct Expenses	1,429,070	2,344,479	756,153	979,826	120,022	505,257	1,431,948
INDIRECT EXPENSES							
Indirect Costs	86,441	177,981	57,998	75,879	9,148	29,727	113,078
TOTAL DIRECT AND INDIRECT EXPENSES	\$ 1,515,511	\$ 2,522,460	\$ 814,151	\$ 1,055,705	\$ 129,170	\$ 534,984	\$ 1,545,026

- Continued on next page -

TRI-COUNTY COMMUNITY ACTION PROGRAM
SUPPLEMENTAL SCHEDULE OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2012

	Carroll County Dental	Carroll County Restorative Justice	Support Center	Homeless	Energy & Development	Elder	Total
DIRECT EXPENSES							
Payroll	\$ 304,561	\$ 145,602	\$ 135,124	\$ 400,219	\$ 1,628,677	\$ 497,581	\$ 6,363,578
Payroll Taxes & Benefits	101,725	43,662	41,467	138,389	749,727	163,177	2,530,128
Assistance to Clients	1,345	-	185	167,664	5,893,149	339	6,094,434
Consultants and Contractors	18,772	10,286	-	4,627	79,423	57,653	361,210
Fiscal and Administrative	4,813	678	495	5,511	44,885	12,107	140,704
Space Costs and Rentals	-	35,724	66,910	26,583	152,536	65,087	731,947
Consumable Supplies	18,706	1,060	5,638	7,653	583,123	264,084	1,167,756
Rental, Lease, Purchase and Maintenance of Equipment	9,028	-	-	-	974	1,830	44,908
Building and Grounds Maintenance	5,713	120	7,424	573	5,737	4,506	153,361
Utilities	7,598	2,983	19,702	26,637	51,170	20,577	451,773
Fixed Fees	-	-	-	2	14,505	4,127	18,634
Travel and Meetings	2,399	2,337	5,470	22,597	14,309	31,519	243,437
Vehicle Expense	-	-	-	6,310	77,753	571	318,667
Insurance	15,622	1,900	-	16,399	31,060	-	211,513
Interest Expense	27,382	-	-	-	922	-	222,133
Other Direct Program Costs	2,100	75	1,475	28,152	2,816	3,514	87,777
Depreciation Expense	32,542	-	9,665	1,752	6,792	-	510,568
Fundraising	-	-	334	785	-	-	18,098
In-kind Expended	-	-	-	-	-	106,448	411,282
Total Direct Expenses	552,306	244,427	293,889	853,853	9,337,558	1,233,120	20,081,908
INDIRECT EXPENSES							
Indirect Costs	43,535	16,770	18,021	54,324	282,010	93,119	1,058,031
TOTAL DIRECT AND INDIRECT EXPENSES	\$ 595,841	\$ 261,197	\$ 311,910	\$ 908,177	\$ 9,619,568	\$ 1,326,239	\$ 21,139,939

Tri-County Community Action Program, Inc.
Helping people, changing lives... in the North Country of New Hampshire

Tri-County CAP

*Our mission: Tri-County CAP is dedicated to improving the lives
and well-being of New Hampshire's people and communities.
We provide opportunities and support for people to learn and grow
in self-sufficiency, and to get involved in helping their neighbors
and improving the conditions in their communities.*

ServiceLink Aging and Disability Resource Center of Coos County

MISSION STATEMENT

To empower older adults, adults with disabilities and/or chronic illness and family caregivers with access to services, information and supports that address their unique needs for health, independence and dignity and help them to maintain an Independent and healthy lifestyle.



TRI-COUNTY COMMUNITY ACTION PROGRAM Inc.

Serving Coös, Carroll & Grafton Counties

30 Exchange Street, Berlin, N.H. 03570
(603) 752-7001 • Toll Free: 1-800-552-4617 • Fax: (603) 752-7607
Website: <http://www.tccap.org> • E-mail: admin@tccap.org
Chief Operating Officer: Peter Higbee

Tri-County Community Action Program, Inc.

Board of Directors

The Board of Directors was been suspended in Coös County Probate Court Case #314-2012-EX-00288 on December 14, 2012. Todd C. Fahey, Esq., was appointed special trustee of Tri-County Community Action Program until such time as the issues resulting in his appointment have been satisfactorily addressed. The special trustee holds all powers under the by-laws of Tri-County Community Action and the laws of the State of New Hampshire to operate the organization.

The Special Trustee is now gathering names of individuals for potential appointment as members of a newly-reconstituted Board of Directors sometime during the summer of 2013.

TRI-COUNTY COMMUNITY ACTION PROGRAM Inc.

Serving Coos, Carroll & Grafton Counties

30 Exchange Street, Berlin, NH 03570 • (603) 752-7001 • Toll Free: 1-800-552-4617 • Fax: (603) 752-7607

Website: www.tccap.org • E-mail: admin@tccap.org

Chief Executive Officer: Michael Coughlin



List of Key Administrative Personnel

As of: November, 2013			This Contract	
Title	Name	Annual Salary	Percentage	Amount
Chief Executive Officer	Michael Coughlin	\$140,000	0.00%	0
Chief Operations Officer	Peter Higbee	\$90,000	0.00%	0
Chief Financial Officer	Rea Pfeiffer	\$83,000	0.00%	0

Weatherization
(603) 752-7105

Administration
(603) 752-7001

AoD
(603) 752-7941



Community
Contact
(603) 752-3248

R.S.V.P.
(603) 752-4103

Energy Programs
(603) 752-7100

MICHAEL W. COUGHLIN, M.S.

Chief Executive – Nonprofit Sector

Complex, Multi-Site Operations ❖ Revenue & Margin Growth
Strategic Partnerships
Community & Public Engagement

Motivating and results driven; recognized for:

✓ Strategic planning and financial management	✓ Entrepreneurial spirit
✓ Mentoring & developing inspired leaders	✓ Assuring highest quality standards
✓ Innovation, marketing and branding	✓ Passionate advocacy for mission

EDUCATION

Master of Science, Social Work - Columbia University, New York, New York
Bachelor of Arts - Quinnipiac University, Hamden, Connecticut

PROFESSIONAL EXPERIENCE

REHABILITATIVE RESOURCES, INC.

2012 - 2013

One of the larger agencies providing services to people with developmental disabilities in Massachusetts. Serving hundreds of clients in 44 residential facilities, employment supports and day habilitation programs all over the state. \$25 million in annual revenue and over 600 full and part-time staff.

- **CEO**

Recruited to this position at an agency in need of change, in a time of distress. Followed a 31-year CEO, and reporting to a Board of Directors that expects transformation. Re-configured the senior leadership team, designed a five-year strategic planning process, and began agency-wide healing and cultural re-invigoration.

- **Organizational Development:** Leveraged the agency's considerable reputational and financial assets into distinct advantages in preparing for its 5-year strategic plan.
 - Met nearly every employee directly, either through individual team meeting visits, or through three regional town hall-style events, the first time this has happened.
 - Launched company-wide strategic planning process, involving stakeholders at every level and region of the organization.
- **Executive Development:** Reorganized senior management team into a streamlined, truly decision-making group. Set the conditions and expectations to become a high performing team. Secured executive coaching for leaders where necessary.
- **Community and Market Development:** Met with all major funders to understand their perceptions of the company, and to re-set a new focus on customer service excellence. Performed evaluations of the competitive environment, and began to build strategic coalitions with potential partners for new business.

ARIZONA'S CHILDREN ASSOCIATION

2011 to 2012

Arizona's oldest multi-service nonprofit, located in every county in the state, serving over 45,000 children and families every year in over 20 different programs, including behavioral health, substance abuse, foster care. \$40 million in annual revenue and nearly 750 full and part-time staff.

➤ **CEO**

Recruited to this position as successor to a 20-year CEO. Executed a financial turnaround: moving a projected \$750,000 deficit to break-even status within five months.

- **Organizational Development:** Stabilized financials and worked with Board and staff to create an aggressive five-year plan for growth:
 - Engaged program leaders, Finance team and fundraising to overcome previous year's losses and improve performance in turning around current year financials.
 - Re-organized senior program leaders from regional structure to lines of business, resulting in much better program consistency and communication with staff.
- **Executive Development:** Empowered Executive team to make decisions without micro-managing. Created an environment where creativity and execution exist side by side.
- **Community Relations:** Reached out to community leaders, funders, donors, competitors and potential partners. Made sure to be accessible, to offer our agency's support.

GOODWILL INDUSTRIES OF NORTHERN NEW ENGLAND

2007 to 2010

Serving Maine, New Hampshire and Vermont, with \$60 million in annual revenue. Employing 1400 people and serving over 20,000 individuals per year with services including developmental disability, brain injury and behavioral health. 25 stores and 30 program locations in three states.

➤ **CEO**

Recruited to this position to create and execute a new strategic plan. Increased annual revenue by \$20 million in three years to \$60 million. Doubled the number of clients served during the same period. Greatly improved employee and community relations.

- **Organizational Development:** Created Goodwill's strategic plan for Board approval, carried out its plans and achieved exceptional results:
 - Grew state and federal revenue by \$10 million per year through increases in grants, fees and philanthropy.
 - Maximized growth of retail business, earning \$10 million in new profitable revenue annually within three years.
 - Initiated and implemented two acquisitions of other nonprofits.
 - Increased agency margins each year, exceeding \$1.9 million in F.Y. 2010.
 - Championed new initiatives in quality improvement, employee relations and safety.
- **Executive Development:** Stabilized and grew a strong executive team, breaking down silos to achieve trust and true team performance. Created learning opportunities and career development for staff at all levels.
- **Community and Government Relations:** Increased Goodwill's profile through improved marketing, branding and partnerships with other organizations. Built strong relations with Departments of Health and Human Services, Attorney General's Office and Congressional delegations. Greatly expanded engagement with volunteers.

GENESIS BEHAVIORAL HEALTH, Laconia, New Hampshire 2002 to 2007
One of ten community mental health programs licensed by the Division of Behavioral Health in New Hampshire. \$8 million organization provides comprehensive mental health care.

➤ **Executive Director**

Recruited to this organization to assume management responsibility and implement an aggressive turnaround. Guided management team to drive growth and service quality. Grew revenue by 35%, generating over \$1 million in new margins, in a time of shrinking state funds.

- **Organizational Development:** Directed organizational analysis, strategic planning and company-wide initiatives. Returned organization and balance sheet to fiscal health.
- **Executive Development:** Led a successful management restructuring, stabilizing the executive team. Helped Board of Directors become a stronger, more cohesive group.
- **Community & Government Relations:** Built a bridge to community and government through marketing and education events as well as personal contacts.

WARREN SHEPELL CONSULTANTS, Toronto, Ontario 2000 to 2001
One of Canada's leading behavioral health firms, supporting 1500+ client organizations and generating \$35 million annually. Ranked one of "50 best managed private companies in Canada" by Arthur Andersen and Financial Post.

➤ **Vice President, Operations**

Managed nation-wide counseling operations provided by mental health professionals and para-professionals. Managed a \$19 million budget.

- **Staffing:** Led a national network of over 1100 Doctorate and Master's level professionals, providing service to over 70,000 clients per year
- **Service / Network Management & Expansion:** Directed the management of 28 offices coast to coast, to support new contracts. Played key role in 18% one-year revenue growth and 20% profit margins.
- **Business Development & PR:** Participated in sales efforts, resulting in winning key accounts. Represented company as a media spokesperson.

CHC- WORKING WELL, Mississauga, Ontario 1989 to 2000
One of Canada's largest behavioral health providers. Contracts with 1200+ client organizations, generating \$30 million annually.

- **Vice President, Research & Development** - 1998 to 2000
- **National Director, Client Services** - 1995 to 1998
- **Regional Manager, Client Services** - 1993 to 1995
- **Area Manager, Client Services** - 1991 to 1993
- **Employee Assistance Counselor** - 1989 to 1991

Extensive Board service involvement

Résumé

Peter G. Higbee

Professional Experience

February, 1999 to
present

Tri-County CAP, Inc.
Berlin, NH

Deputy Director/Chief Operating Officer, responsible for organizational development, IT, and planning and management support for large (275 employees) human service agency's comprehensive array of programs and projects. Chief Operating Officer since June, 2012.

February, 1996 to
January 1999

Tri-County CAP, Inc.
Berlin, NH

Planning & Administrative Coordinator, responsible for planning and management support for comprehensive array of human service programs.

September, 1987 to
August, 1996

College for Lifelong Learning, University System of NH (now Granite State College)
Littleton & Berlin, NH offices, various sites

Teaching Faculty, responsible for courses in Early Childhood Education Degree and Certificate programs, including Parent-Staff Relations, Guiding the Behavior of Young Children, Pre-school Child Development, and Foundations of Early Childhood Education.

October, 1986 to
February, 1996

Tri-County CAP, Inc. - Head Start
Berlin, NH

Director of Head Start program, responsible for overall operation of comprehensive child and family development program offering center-based and home-based services to 238 families through 10 community-based sites. \$1 million budget, 50* staff.*

September, 1980 to
October, 1986

Tri-County CAP, Inc. - Head Start
Berlin, NH

Education/Special Needs/Mental Health Coordinator, responsible for planning and supervising implementation of Education, Special Needs and Mental Health services to up to 177 Head Start children and families, through community-based staff.

September, 1977 to
September, 1980

Tri-County CAP, Inc. - Head Start
No. Stratford & Littleton, NH

Head Teacher, responsible for classroom of up to 20 3- to 5-year-old Head Start children, including integration of nutrition and health services, parent support and parent involvement. Classes included special needs children.

February, 1975 to
August, 1977

Coppermine School
Franconia, NH

Teacher/Parent Participant in the co-operative founding and operation of an alternative, ungraded, parent-run elementary school, including Teaching at the primary level.

Education

State College at Boston
Boston, MA
B.A., English, minor in Psychology, 1982

Education (continued)

Additional coursework includes Psychology courses at Plymouth (NH) State College and Lesley College (Cambridge, MA); Adult and Early Childhood Education courses at Antioch New England Graduate School (Keene, NH); and Management courses at Texas Tech (Dallas, TX) and Management Fellows program at The Anderson Graduate School of Management at UCLA (Los Angeles, CA). Mediation training includes child and family and victim-offender mediation.

Organizations & Memberships

Nov., 2011 to present

City of Berlin, NH **Berlin, NH**

Elected City Council Member, Ward III.

2008 to present

Berlin Industrial Development and Park Authority **Berlin, NH**

Authority Member, appointed by Mayor and Council. Vice-Chair 2010 - present.

1999 to 2009

North Country Health Consortium **Littleton, NH**

Board Member of organization of Northern NH health and social service providers, including area hospitals, home health agencies, etc. Served on Technology committee, Oral Health Work Group and Executive Committee, including five terms as **Vice-President** of NCHC.

1998 to present

NH CAP Association -- Technology Committee **Statewide, NH**

Committee Member (currently **Co-Chair**) of statewide technology Committee overseeing development and implementation of a statewide electronic intake, referral, and case management system for the six NH CAPs and the Governor's Office of Energy & Community Services.

1988 to 1998

Ammonoosuc Community Health Services **Littleton, NH**

Board Member 1988 - 98, **President**, 1989 - 95. During tenure as president, agency received Corporate Fund Award for Management Excellence; constructed new facility; and merged with rural health care provider to form Community Health Center Network.

1986 to 1996

New Hampshire Head Start Directors' Association **Statewide, NH**

Association Member, President 1989 to 1994. During tenure state Head Start Programs sought and secured supplemental funding for Head Start from the State of NH through special-legislation. Represented State programs at national level, and provided timely and accurate information exchange between local and national groups.

1984 to 1998

Region I, (New England) Administration for Children and Families **Boston, MA (Working through consultant contracts managed by 3rd parties)**

Consultant/Program Monitor, participating in reviews of Head Start programs throughout New England, monitoring compliance with federal Performance Standards in the areas of Education, Disabilities, Mental Health and Administration.

Consultant/Member of Race Relation Work Group, researching the status of and making recommendations to improve the quality of interracial relations within the New England Head Start community.

REA L. PFEIFFER

FINANCE EXECUTIVE with more than twenty years of experience in quasi-public agencies, nonprofit, private companies and state organizations. Areas of expertise embrace all facets of finance in addition to strategic planning, risk management, information systems, and purchasing. Exceptional technology skills, improves operational efficiency and financial controls through the use of systems and procedures. Demonstrated leadership skills completing large projects and managing professionals.

PROFESSIONAL EXPERIENCE

Lynn Economic Opportunity Inc.

2011 - Present

Chief Financial Officer for \$17M Community Action Agency providing Head Start, Early Head Start, Daycare, After school, Preschool, Fuel Assistance, Sober Living and Affordable Housing services. Responsible for planning, budgeting, compliance and risk management, rate setting, reporting, auditing and day-to-day operational oversight of financial functions of organization. Management of 6 professional financial staff and directing activities of AR, AP, Payroll, Capital Assets, Revenues and Reporting.

Robert Half Management Consulting Group

2005 - 2010

Provide onsite consulting on a mission specific basis, serving in Interim CFO, and Interim Controller positions performing various troubleshooting and problem-solving functions. Diagnose and enhance cash flow concerns, perform reconciliations, address workflow backlogs, propose and implement systems changes, develop budgets and forecast plans, monitor compliance and assure exemplary audit results. Sample projects include:

- Controller for North East Trees/GreenwayLA/Charles Drew University - Responsibility for financial restructuring for a growing nonprofit organization.
- Overhauled accounting, reporting and management protocols to build administrative and financial infrastructure capacity for expansion and assure full compliance with federal, state and award-specific regulations as well as contract-specific terms & conditions.
- Implemented new budgeting and time reporting systems to monitor contract and program progress and control costs.
- Provided comprehensive and accurate reports to support senior management team decision-making. Oversaw all audit outcomes with federal, state, county, municipal and foundational stakeholders. Provided oversight of HR matters.

LA IMPACT - California Department of Justice

1998 - 2005

Los Angeles Interagency Metropolitan Police Apprehension Crime Task Force

Chief Financial Officer

Bottom line financial responsibility for \$210 Million in seized assets and a \$13 Million annual budget for this countywide, quasi-public agency charged with developing and implementing communication linkages to reduce crime rate. Manage a staff of six professionals and ten FTEs. Complete fiscal oversight of grants and operational revenues for 20 functional investigative groups.

- Designed, implemented and managed six databases that allow sharing of operational and financial information throughout the agencies.
- Chaired Technology Committee that designed programs and provided quantitative tools to evaluate program effectiveness.
- Created and implemented an Intranet website that connects twenty operational groups to facilitate communication and coordination of activities.

- Developed and managed a series of expense management procedures that have decreased operating costs
- Responsible for resolving disputes and issues on unliquidated assets to receive in excess of \$5 Million in revenues that would have been otherwise unrealized.
- Prepared annual budget and monitored actual-to-plan during the course of the year.
- Developed regular and ad hoc reports for senior management team to inform and update on task force activities.
- Prepared financial reporting to all funding agencies on task force activities to meet all state, federal and local regulations, and to ensure cash flow management.
- Implemented policies and protocols for Financial Unit. Building electronic and manual systems of information management to assure that all federal, state and local requirements are met with regard to recordkeeping.

STATE OF MASSACHUSETTS

1980 - 1997

Central Office Account Manager - Department Of Mental Health (1988 to 1997)

Administrative oversight and analysis for area-based, programmatic and administrative agency budget in excess of \$300 Million for inpatient and residential mental health services statewide.

- Analyzed, prepared and presented annual agency spending plans for nine hospitals.
- Ensured ongoing compliance by monitoring agency activities to assure adherence to agency financial plans and goals or to effectuate goal and milestone revisions.
- Prepared ongoing and ad-hoc analyses (i.e., payroll reports, contract utilization studies, staff modeling surveys, etc) to provide information to senior management on budget status and potential resource redeployment options/strategies.
- Provided technical supervision with seven statewide, area-based DMH administrative offices in long term and short term planning, as well as day-to-day tasks.
- Interacted with oversight agencies and constituents with regard to agency budget status and agency goals (i.e., A&F, Ways & Means, EOHHS, etc).

Budget Officer - Department of Public Health (1985 to 1988)

Responsible for technical management of budgeting, contracting, personnel and hiring for the Divisions of Family Health Services with a budget totaling \$85m for the administration of statewide Maternal and Child Health Programs (WIC, Healthy Start, Handicapped Children). Supervised 17 staff members.

- Designed and managed technical processes and protocols in service procurement and tracking utilization.
- Prepared spending plans and internal budgeting documents.
- Managed contracting and hiring procedures including issuance of RFP's and vacancy announcements.
- Oversaw accounts payable and billing functions.
- Directed the implementation of the state's first pilot automated accounting system - replicated statewide.

EDUCATION

Bachelor of Science in Health Management, Northeastern University, 1991

Master of Public Administration, Northeastern University, Coursework completed

Keller School of Management, CPA Certification coursework (Becker courses)

Certified Public Finance Officer - currently testing March through June 2013

PATRICIA A. STOLTE

CAREER OBJECTIVE:

To continue to work in a challenging, professional position in the aging and disabilities network

ADMINISTRATIVE:

Over twenty-five years experience in positions requiring administrative responsibility and problem solving abilities including; nonprofit agencies, marketing departments, & human service programs

- Knowledge of all aspects of operational, financial and day-to-day management of both non-profit and for profit businesses
- Responsible for managing resources, developing annual budgets, monitoring and managing budgets and overseeing contracts with DHHS.
- Facility and building management for several sites
- Human Resource experience writing policies/ procedures, job descriptions, orientation and training
- Supervising staff for three programs and directing four non-profit programs with 30 staff members
- Agency delegate for several state conferences, involved in coordination of all aspects of annual events, fundraising projects and marketing campaigns
- Grant writing, implementation and reporting
- Administrator for Adult Day Care program, lead staff & volunteer training and caregiver support groups

FISCAL MANAGEMENT:

- Budget management of nonprofit programs and coordination with central fiscal department
- Responsible for funding proposals to state and local governments for annual contracts
- Fiscal management of annual grants from NH Charitable Trust and other foundations.
- Budget management of advertising campaigns from \$500k to \$6 million for businesses

SKILLS:

- Strong background in community partnering with agencies and non-profit organizations
- Work collaboratively and innovatively with staff and colleagues
- Possess solid communication and organizational skills

EDUCATION/TRAINING/PROFESSIONAL INVOLVEMENT:

State University of New York at Fredonia 1978-80, BA in Business and Mass Communication

Monroe Community College, Rochester, NY 1976-78, Associates Degree in Business Administration

Brighton High School, Rochester, NY 1972-1976

Member of State Coalition on Aging Services & Chair for Area Committee on Aging

National Alzheimer's disease and Dementia training

NH State Conference on Aging Workshop Committee Chairperson

NCOA/ASA National Conference attendee

Certified Information & Referral AIRs-Aging and Certified Medicare Counselor

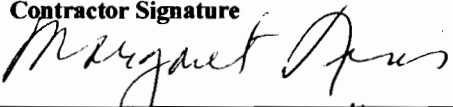
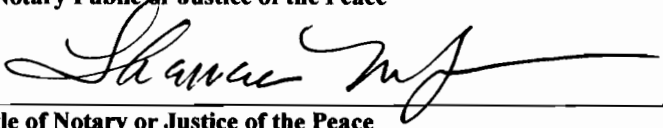
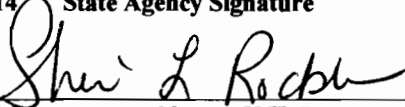
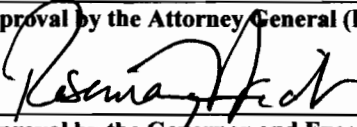
WORK HISTORY:

Tri-County Community Action, Berlin, NH - Director of Elder Programs for Coos County - August 2006 to present
ServiceLink Aging & Disabilities Resource Center Manager - August 2004 to 2006
Mountain View Grand Resort, Whitefield NH - Public Relations Director - January to August 2004
NH Main Street Program, Berlin NH - Executive Director - 1997 to January 2004
Zale Corporation/Karten's N.E., Dallas/New Bedford, MA - Marketing Manager - 1991 to 1997
Pierce-Cote Advertising Agency, Osterville, MA - Media Manager - 1989 to 1991
Shreve, Crump & Low, Boston - Advertising & Public Relations Director - 1984 to 1989
Wolfe Publishing, Pittsford NY - Advertising Sales Representative - 1981 to 1984

Subject: New Hampshire ServiceLink Resource Centers Program**AGREEMENT**

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

GENERAL PROVISIONS**1. IDENTIFICATION.**

1.1 State Agency Name Department of Health and Humans Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301	
1.3 Contractor Name Crotched Mountain Community Care, Inc.		1.4 Contractor Address 186 Granite Street, STE 3C Manchester, NH 03101	
1.5 Contractor Phone Number (603) 622-5900	1.6 Account Number See Exhibit B	1.7 Completion Date 6/30/2015	1.8 Price Limitation \$791,127.
1.9 Contracting Officer for State Agency Mary Maggioncalda, Administrator		1.10 State Agency Telephone Number 603-271-9096	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Margaret Lins, VP Community Based Services	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>MERRIMACK</u> On <u>12/5/2013</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 THERESA M. JONES, Notary Public My Commission Expires September 19, 2017			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Sheri L. Rockburn, <u>Assoc Acting Associate Commissioner</u>	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) By:  On: <u>12-5-13</u>			
1.18 Approval by the Governor and Executive Council By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

7. PERSONNEL.

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

Contractor Initials: 
Date: 12/5/13

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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



Exhibit A

Scope of Services

1. Purpose

The purpose of this Agreement is to set forth the terms and conditions for the New Hampshire ServiceLink Contractors.

The Contractors shall serve as highly visible and trusted places where people of all incomes and ages can access information on the full range of long-term support options and function as a single point of entry for access to Medicaid long-term support programs and benefits.

The Contractor shall serve as an agency under the No Wrong Door model by operating as a full service single access point for individuals to inquire about community long term supports and services. The Contractor will ensure that individuals accessing the system experience the same process and receive the same information about Medicaid-funded community LTSS options wherever they enter the system.

1.1. Definitions

Alliance of Information and Referral Standards: A consortium of National Information and Referral agencies developed standards to provide information and referral to individuals

Local Contact Agency: State designated agency whose role it is to contact individuals referred to them by nursing facilities throughout the MDS Section Q process, provide timely information about choices of services and supports in the community, and collaborate with nursing facility.

Long Term Services and Supports (LTSS): These are home and community-based services provided to individuals to support their level of independence in the home and community.

New Heights: New Hampshire's eligibility management system.

NH EASY: New Hampshire's Electronic Application System, which enables users to apply or reapply for assistance, check eligibility, report changes, and track their application status online.

Person Centered: Person-centered describes an approach that respects and responds to individual needs, goals, and values. Within a person-centered approach, individuals and providers work in full partnership to guarantee that each person's values, experiences, and knowledge drive the creation of an individualized plan as well as the delivery of services.

Person centered transition support Major Pathways: The pathways that people travel while transitioning from one service setting to another or from one public program payer to another. These pathways can include transitions from the community to hospital or nursing home, hospital discharge, preadmission screening for nursing home services, and transitions from skill nursing facility to other settings. The pathways also represent critical junctures where decisions



Exhibit A

are made- usually in a time of crisis – that often determines whether a person is permanently institutionalized or transitioned back to their home.

Refer7: The State of New Hampshire (DHHS) leases Refer7 software from a separate Contractor who provides ServiceLink contractors software support during business hours. The Refer 7 contractor also provides database back-ups for all of the data that the ServiceLink contractors input into the Refer7 system. ServiceLink contractors use Refer7 as the centralized resource database in order to assist users with information about service resources Statewide and to assist ServiceLink contractor staff with documentation of calls/contacts. The Refer7 system allows users to track client records and also to generate reporting data on those contacts.

The Balancing Incentive Program (BIP) is a discretionary grant awarded to DHHS by the Centers for Medicare and Medicaid Services (CMS). It is intended to assist the State to rebalance the disparity between the amount of Medicaid funding for institutional long term services and supports and home and community based ones by encouraging the development of home and community based infrastructure changes such as the No Wrong Door access model, conflict-free case management, and standardized assessments.

The State Innovations Model (SIM), a discretionary grant also funded by CMS, is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning for that model.

2. Covered Populations and Services

2.1. The Contractor shall reach the following covered populations:

- Persons age 60 and over;
- Adults over the age of 18 who are chronically physically ill or disabled and who may need long term care supports;
- Family members, caregivers, advocates and providers;
- Anyone seeking information about LTSS; and
- Individuals with intellectual, physical, and developmental disabilities
- Veterans
- Contractor shall provide support to include people of all ages, income levels and disabilities; including people with dementia and people of different cultures and ethnicities

3. Geographic Area Served: Geographic area is defined as the area focused on client location that the Contractor will provide services. The Contractor will provide services as described in this Exhibit A in the geographic area of Rockingham County.



Exhibit A

4. ServiceLink Services

4.1. Information, Referral and Awareness

4.1.1. Outreach and Marketing

Contractor shall submit to the Department, for review and approval, an outreach and marketing plan focused on establishing its organization as a highly visible and trusted place where people can turn for objective and unbiased information on the full range of long-term support options. The Contractor shall also promote awareness of the long term supports and services and various options that are available in the community. The outreach and marketing plan shall include:

- 4.1.1.1. Consideration of all populations served including different age groups, people with different income levels, and different types of disabilities, culturally diverse groups, underserved populations, and individuals at risk of nursing home placement, family caregivers and professionals. Populations shall include individuals who do not meet public assistance requirements in addition to those that require public assistance, hard to reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs
- 4.1.1.2. A strategy to assess the effectiveness of the outreach and marketing activities; and
- 4.1.1.3. A feedback loop to modify activities as needed.
- 4.1.1.4. The Contractor shall partner with the other ServiceLink contractors to learn from their outreach and marketing best practices

4.1.2. Information and Referral shall be considered the point of entry for service access.

- 4.1.2.1. Contractor shall develop and maintain an Information and Referral/Assistance (I&R/A) plan, which at minimum describes systematic processes to provide I&R/A.
- 4.1.2.2. The Contractor shall link individuals with needed services and supports – both public and private - through appropriate referrals to other agencies and organizations.
- 4.1.2.3. Contractor shall conduct follow-up with individuals receiving I&R/A to determine whether more assistance is needed.
- 4.1.2.4. Contractors shall use the Alliance of Information and Referral Standards and use the Refer 7 database to provide information about the range of Long Term Services and Supports (LTSS) and resources in the service area. The contractor is responsible for:
 - 4.1.2.4.1. Updating and ensuring the accuracy of the information provided; and
 - 4.1.2.4.2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and the database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.



Exhibit A

- 4.2. Options Counseling
 - 4.2.1. The Contractor shall help individuals understand and assess their situation, assist them in making informed decisions about LTSS choices in the context of their preferences, strengths, and values and use their own personal and financial resources more efficiently and more effectively.
 - 4.2.2. The Contractor shall provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons.
 - 4.2.3. Contractor shall have standards and protocols, subject to DHHS review and approval, in place that defines what Options Counseling entails and who will be offered Options Counseling based on the Administration on Community Living's (ACL) national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. At present the Federal government is working at finalizing the National Standards and the Contractor will be required to use those new standards when they have been released.
 - 4.2.4. The Contractor shall work with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. At a minimum the Contractor shall provide:
 - 4.2.4.1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 - 4.2.4.2. The Contractor will place special attention to those clients most at risk of institutionalization.
 - 4.2.4.3. A facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons,
 - 4.2.4.4. Developing action steps toward a goal or a long term support plan and assisting in applying for and accessing support options when requested.
 - 4.2.4.5. The Contractor will provide counseling in a location that fits the needs to the individual being served, such as homes, and office and be accessible to the client by phone, email, etc.
 - 4.2.4.6. The Contractor will provide counseling that ensures that clients understand their options by using the Option Counseling Standards.
 - 4.2.5. Contractor shall provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities.
 - 4.2.6. Contractor shall serve as service access entry points for individuals and use standard intake and screening instruments defined by the Department.
 - 4.2.7. The contractor shall consistently conduct follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed.
 - 4.2.8. The contractor shall develop a person-centered access plans for clients who will be receiving public supports and those not using public supports.



Exhibit A

- 4.2.9. The Contractor shall be in regular communication with Adult Protection Service Offices and will report abuse and neglect of clients immediately to the Adult Protection program.
- 4.2.10. The Contractor will follow up with a person to ensure supports and decisions are effective and appropriate and determine the outcome and whether more assistance is needed.
- 4.2.11. The plan shall include a schedule for future contact and follow up accordingly with the client.
- 4.3. Streamlined Eligibility Determination for Public Programs
The Contractor will serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. The Contractor shall follow the protocols and procedure for providing the following:
 - 4.3.1. Intake and Screening
 - 4.3.1.1. The Contractor shall use a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. The Contractor shall support, implement and follow the processes to streamline access to LTSS, which will be defined by DHHS as part of BIP and SIM projects. The Contractor shall offer to assist the client when making external referrals.
 - 4.3.2. Financial and Functional Eligibility Processes
Eligibility for financial and medical assistance programs is the responsibility of the State, where accountability for compliance with federal requirements is placed.
 - 4.3.2.1. The Contractor uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. Through BIP, level of care assessments will be further developed.
 - 4.3.2.2. Contractor shall assist individuals as needed with initial steps in completing the application that include:
 - 4.3.2.2.1. taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews.
 - 4.3.3. Tracking Eligibility Status
 - 4.3.3.1. Contractor shall track individuals' eligibility status throughout the process of eligibility determination and redetermination using the Department's Intake/eligibility determination systems such as New Heights Financial



Exhibit A

- Eligibility System, NH Easy, and other program specific systems.
Designated staff will be trained and have access to these systems.
- 4.3.3.2. Contractor may be informed of individuals who are determined ineligible for public LTC programs or services and the ServiceLink contractor conducts follow-up with those individuals to provide further Options Counseling. Contractor shall reach out to clients and schedule a counseling meeting with them to explore other options.
- 4.4. Person-Centered Transitions Support
The contractor shall assist individuals from being placed unnecessarily in a nursing home or other institution by:
- 4.4.1. Creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made.
- 4.4.2. The contractor shall play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes.
- 4.4.3. Contractor staff will be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose.
- 4.4.4. The Contract shall:
- 4.4.4.1. establish a process for identifying individuals and their caregivers who may need transition support services;
- 4.4.4.2. follow Protocols for referring individuals to the ServiceLink contractor for transition support and other services; and
- 4.4.4.3. provide regular training for facility administrators and discharge planners about the ServiceLink Resource Centers Programs and any protocols and formal processes that are in place between the ServiceLink contractors and their respective organizations.
- 4.4.4.4. serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.
- 4.5. Consumer Populations and Partnerships
- 4.5.1. Consumer Populations
Contractor shall involve consumers on a local advisory boards or governing committee and in planning, implementation and evaluation activities. At a minimum it shall include nine (9) members with the following representation:
- People over age 60
 - Adults over age 18 living with chronic illnesses or disabilities



Exhibit A

- Family members, caregivers, and family caregivers of the target populations
- Local community providers
- Representation from cultural and ethnic minorities residing within the community.
- At least twenty-five (25) percent of the membership must be from the target population. Note: Consumers, caregivers, or family board member who works for a human service agency organization may not be counted in meeting this standard.

4.5.2. Medicaid

Contractor shall comply with the Department policies and procedures related to its role as a partner in the Medicaid eligibility determination process.

4.5.3. Aging and Disability Partners

4.5.3.1. Contractor shall comply with formal service standards, protocols for information sharing and cross-training across all ServiceLink contractors and community partners.

4.5.3.2. Contractor shall provide for collaboration, including formal agreements, at the state and local levels between the Contractor and all other critical aging and disability agencies and service organizations serving the same area that are not ServiceLink contractors.

4.5.3.3. The Contractor shall have or will develop partnerships with State or regional Brain Injury Associations, community mental health centers and related groups, Centers for Independent Living, and other community-based organizations instrumental to ServiceLink contractors' activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.

4.5.4. Other Partners and Stakeholders

Contractor will establish solid working partnerships with other agencies and stakeholders serving the target population, both at the State level as well as the community. These include hospitals, senior centers, physician practices, home health agencies, community mental health centers, Adult Protective Services, municipal health and welfare, and other public assistance programs. Contractors are required to maintain existing partnerships as well as to develop new ones as the needs of the target population and the community change over time.



Exhibit A

4.6. New Hampshire Family Caregiver Program

The Contractor shall provide a multifaceted system of support services for family caregivers who provide full time care and meet the eligibility of the Caregiver programs by providing the following:

- 4.6.1. Assign the minimum of one staff person (RSA 161-F:79) to the program who specializes in working with the issues faced by family caregivers and can provide Options Counseling to:
- 4.6.2. Family caregivers of frail older adults;
- 4.6.3. Caregivers of individuals with Alzheimer's disease or dementia;
- 4.6.4. Older caregivers of individuals with disabilities; and
- 4.6.5. Older grandparents and relatives who are raising a child, or children.
- 4.6.6. Determine eligibility for the caregiver programs.
- 4.6.7. Ensure staff is knowledgeable about community resources that family caregivers can benefit from and can provide appropriate referrals and access assistance to private and public resources.
- 4.6.8. Provide information, assistance, and options counseling to caregivers
- 4.6.9. Provide caregiver training to assist the caregivers in making decisions and solving problems relating to their caregiving roles;
- 4.6.10. Under authorization by DHHS, approve service plans and budgets for respite care and supplemental services to eligible individuals on a limited basis to complement the care provided by caregivers. The Contractor will work with the Department's Financial Management Services contractor to provide bill paying and employer of record services for participants who may choose a family member or respite or supplemental services provider who isn't affiliated with an agency.
- 4.6.11. Offer staff availability for home or community visits with family caregivers for the purposes of assessment (this does not exclude office visits when other options are not practical).
- 4.6.12. Ensure a minimum of one staff member is trained as a class leader in the evidence based curriculum Powerful Tools for Caregivers (PTC) or, at the minimum, ensure that at least two individuals in the geographic area served by the Contractor be trained in the Powerful Tools for Caregivers curriculum.
- 4.6.13. Develop and facilitate a caregiver support group in the absence of an existing support group in the service area; collaborate with existing caregiver support in the area.

4.7. New Hampshire State Health Insurance Assistance Program

The Contractor will provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare



Exhibit A

Supplement Plans, and long term care insurance to Medicare eligible persons, their families and caregivers, by providing the following:

- 4.7.1. Personalized counseling to an increasing and diverse number of individual beneficiaries unable to access other channels of information or needing and preferring locally based individual counseling services.
- 4.7.2. Targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.
- 4.7.3. Demonstrate an increase and enhance beneficiary access to a counselor workforce that is trained and fully equipped and proficient in providing the full range of services, including enrollment assistance in appropriate benefit plans and continued enrollment assistance in prescription drug coverage.
- 4.7.4. Operate SHIP in accordance to SHIP Standard Operating Guidance developed and approved by CMS.
- 4.7.5. The Contractor will recruit, train, and maintain a network of volunteers to help with providing these services at the ServiceLink contractor sites.

4.8. Senior Medicare Patrol Program

The Contractor will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to people with Medicare by providing the following:

- 4.8.1. Foster national and statewide coverage by SMP by offering services that will be provided locally, regionally, and statewide, and that will involve collaboration with organizations representative of or knowledgeable about the target population through formal and informal partnering, the use of toll free lines, web-based strategies, and local and statewide media and educational outreach planning;
- 4.8.2. Provide beneficiary education and inquiry resolution for major areas of health care fraud by working with local and statewide resources to support expanded SMP coverage;
- 4.8.3. Foster program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud by (a) collaborating in a seamless and consistent way with community-based providers, (b) conducting timely reporting to the SMART FACTS database that meets requirements of the Office of the Inspector General (OIG) that monitors the program's inquiries, outreach and education,



Exhibit A

- volunteer management and resolution of complex issues, and (c) using the national SMP Resource Center's resources;
- 4.8.4. Demonstrate improved efficiency of SMP while increasing results for both operational and quality measures by meeting AoA's objectives that utilize SMART FACTS to support the OIG Performance Measures;
 - 4.8.5. Target volunteer, community, and partnership training and education to isolated and hard to reach populations, as required by the Older Americans Act (OAA), by providing SMP services, partnership relationships, and maintenance of a volunteer network that will serve the most vulnerable populations in the state that are traditionally underserved due to barriers in accessing services and information, such as isolation, poverty, and low-literacy; and
 - 4.8.6. Implement the SMP Resource Center's Volunteer Risk Management Program as developed by the Administration for Community Living.
 - 4.8.7. The contractor shall comply with the standards in the SHIP Program Guidance.
 - 4.8.8. The Contractor will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and how to report questionable Medicare billing situations.

5. Operational Functions

The contractor must adhere to the following operational requirements, standards of practice, approaches, and methods of service delivery. The contractor will:

- 5.1. Operate the ServiceLink Resource Centers Program as an independent program separate and distinct from the fiscal sponsor. In advertising, marketing, and all written and oral descriptive literature that it develops and/or disseminates, the Contractor shall characterize the ServiceLink Resource Centers Program as an independent program.
- 5.2. Occupy office space that is distinct from any other service provider or program operated by the contractor.
- 5.3. Local phone numbers for each ServiceLink Contractor
- 5.4. The ServiceLink Contractor will be responsible for having three to four phones numbers/lines and fax line for clients to access services for the geographic area they serve. The Contractor shall work with DHHS to ensure consistent phone numbers are available to the public, and where necessary shall assume responsibility for existing phone numbers.
- 5.5. It is expected of the contractor to have the first phone number/line to route to the ServiceLink programs national toll free number. It is expected that the contractor's phone service and equipment be compatible with the State's VOIP system.
- 5.6. The contractor is responsible for all costs associated with establishing and operating the phone and fax lines, including necessary equipment.



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- 5.7. Phone systems must allow for individual voicemail for each staff person. One main phone line (Line #1) must also be configured to route from the ServiceLink contractor's national toll free ServiceLink Resource Centers Program number. Please address how the toll free number will work since it was not included in the RFP
- 5.8. Operate the ServiceLink Resource Centers Program within its fiscal sponsor's agency, personnel and human resource policies and procedures. Contractors are required to review their policies and procedures to assure the ServiceLink Resource Centers Program operational and program requirements are met.
- 5.9. Provide sufficient office space and supplies to all staff and volunteers at each ServiceLink contractor's site. Sufficient is defined as: Enough space to conduct private and confidential interviews and meetings with at least three (3) individuals in the room in order to meet their job duties while at a ServiceLink contractor's office.
- 5.10. Provide sufficient (as defined in 3.1.6 above) space and supplies to outside team members including but not limited to the Division of Client Services (DCS) staff and the Office of Veterans Services at a minimum of two to three business days per week for financial screenings, interviews, and consultations at local ServiceLink contractors sites.
- 5.11. Adhere to the following operational and facilities management requirements:
- 5.12. Staff hours shall be arranged to provide a minimum of 40 hours of operation per week, which includes availability by appointment on the weekend and evening coverage. Publish schedule of hours throughout the geographic area;
- 5.13. Provide satellite offices or other forms of consumer accessibility. The location of the ServiceLink contractor's main office and any satellite offices that exist shall be in an easy and accessible location so that it is centrally located to the clients in the geographic area that you will serve. Accessibility may be demonstrated in a variety of ways such as proximity to main roads, population centers, businesses, shopping areas, health care sites, and the availability of public transportation;
- 5.14. Operate primary sites and other forms of access for consumers in buildings and facilities that are barrier free;
- 5.15. Meet all state and local rules and ordinances related to health, fire and life safety codes;
- 5.16. Maintain a written response plan to include, but not be limited to, response to fire, violence, inclement weather, and medical and other emergencies and disasters; and
- 5.17. Agree to have a ServiceLink Resource Centers Program sign visible outside the building in which the ServiceLink contractor's site(s) are located.



Exhibit A

6. Quality Assurance and Continuous Quality Improvement

- 6.1. Contractor shall have a Quality Assurance and Continuous Improvement plan to ensure services are available, are of high quality, meet the needs of individuals, and are sustained throughout the geographic area covered. The plan shall assure that services adhere to the highest standards, as well as assure that the public and private resources produce measurable results.
- 6.2. Contractors shall track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the services that are provided to individuals and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records.
- 6.3. The Quality Assurance and Continuous Improvement plan shall also utilize formal processes for getting input and feedback from individuals and their families on the Contractor's operations, services used, and on-going development.
- 6.4. The Quality Assurance and Continuous Improvement plan shall include measurable performance goals and indicators related to the Contractor's visibility, trust, ease of access, responsiveness, efficiency and effectiveness. The Contractor shall routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.
- 6.5. Information Technology and Management Information Systems
 - 6.5.1. Contractor will use the Refer 7 database to support all business functions related to the provision of programs provided by ServiceLink contractors.
Contractor shall comply with new IT initiatives that DHHS may roll out as part of BIP or SIM initiatives.
 - 6.5.2. Contractor shall operate computer equipment and software that meets or is compatible with the State of New Hampshire's minimum Information Technology standard for software and hardware that is equivalent or exceeds the specifications listed below:
 - Microsoft Windows 7 64 bit;
 - Microsoft Internet Explorer version 8.0;
 - Documents, spreadsheets and presentation that are compatible with Microsoft Office 2000 and above through 2010;
 - Network Associates - McAfee Virus Scan version 8.8; and
 - Broadband or DSL internet access
 - 6.5.3. The Department's current hardware standards are as follows:
 - Base Desktop - (low use, limited mainly to using MS Office Apps and minimal multi-tasking): I3 Intel Processor, 2GB RAM



Exhibit A

- Standard Desktop - Multi Tasking, Standard Apps: I3 Intel Processor, 4GB RAM
- High End Desktop- Multi Tasking, Heavy Graphics (i.e. CAD): I5 Intel Processor, 8GB RAM
- The Department does not currently use or support Windows 8.

6.5.4. Contractor shall comply with the ServiceLink Resource Centers Program Computer Use Agreement.

6.6. Continuous Improvement

6.6.1. Contractor shall have a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. The Contractor shall submit their plan for review by the Department.

6.6.2. Contractor shall inform consumers of complaint and grievance policies and shall have the ability to track and address complaints and grievances. The Contractor shall develop, implement and maintain a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. The Contractor shall also have a grievance system in place that includes a grievance process, and any grievances filed are to be available to DHHS upon request.

7. Performance Tracking and Reporting

7.1. Contractor shall track and report to Department on the people they serve in the different age groups, with different types of disabilities and that the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS. For each ServiceLink Service, the contractor shall report on:

1. Number of individuals served
2. Number of repeat visits by individuals
3. Type of information/referral given to individuals
4. Type of follow up performed
5. Frequency of follow ups
6. Were individuals able to utilize the information provided by the Contractor, including but not limited to, applying for benefits, finding and obtaining referred services, and other forms of assistance
7. The number of individuals diverted from nursing home/institutional settings;
8. The number of individuals successfully transitioning from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs).



Exhibit A

7.2. Minimum Reporting Requirements:

The Table below defines the program reporting data requirements and their source.

There will be custom reporting capabilities through Refer7.

Program Reporting Data Requirement	Data Source
Program Requirements	
Adherence to all minimum program and operational requirements	Contract review assessment tool, site visits
Information, Referral, and Assistance and Awareness	
Number of customer satisfaction surveys sent annually	Customized Report
Number of staff who have received training related to cultural competency	Customized Report
Number of community outreach and educational events staff participated in annually	Customized Report
Number of AIRS certified staff	Customized Report
Number of contacts annually	Refer7
Staff follows policies and procedures for the Refer7 system, and other DHHS supported systems such as but no limited to New Heights.	Refer 7 reports, Contract review, New Heights reports
Number of home visits annually	Refer7
Number of follow ups performed annually	Refer7
Number of contact and client types by type and % as defined by BEAS	Refer7
Number of referrals made for services not provided annually	Refer7
Number of 'unmet need' provisions documented annually	Refer7
Options Counseling (OC) and Person Centered Transition Support:	
ServiceLink contractors adhere to the Quality Assurance process based on the National Evaluation Framework to define, track, report, and fine-tune progress in achieving national outcomes and performance standards.	Quantifiable individual-level feedback documenting their personal experience, documentation of the number and percent of all individuals with service plans who were offered the option to self-direct and choose to do so, and
All staff who provide Options Counseling are Nationally Certified	
% Of people report they are able to make informed decisions about their LTSS as a result of the information and if necessary the one-on-one counseling they and or their family caregiver receive.	

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Exhibit A

Program Reporting Data Requirement	Data Source
% Of individuals who report they have effectively and seamlessly navigated through the LTSS system and successfully accessed the options they have identified	consumer satisfaction surveys, customized reports, and Refer7.
% Of persons to have had the opportunity to self-direct their services and supports	
% Of individuals who report they have made optimal use of their own private resources and their informal support system	
Number of Options Counseling sessions conducted in hospitals, rehabilitation facilities, nursing homes, or at home.	Refer 7
Number of Options Counseling assessments conducted annually	Refer 7
Number of developed action plans annually	Refer 7
A minimum of 2 formal agreements with major pathways has been established by June 30, 2014	Copies of agreements
Number of individuals receiving eligibility coordination annually	Refer 7
Number of screenings for public programs performed	Refer7
Number of Medicaid appointments scheduled by the ServiceLink contractor	New Heights
NH Family Caregiver Support Program:	
Number of staff trained in Powerful Tools for Caregivers curriculum	Customized Report
Number of Powerful Tools for Caregivers trainings conducted annually (six-week session = 1)	Customized Report
Number of other caregiver specific training sessions conducted annually	Customized Report
Number of community outreach/information sessions conducted annually	Customized Report
Number of individuals who received Title III-E respite services annually	Customized Report, Refer7
Number of caregiver support group meetings held in the community by the ServiceLink contractor staff annually	Customized Report
Average number of attendees at support group meetings	Customized Report
Number of family caregivers who receive I&R (access assistance) annually	Refer7
Number of one-on-one counseling sessions	Refer7
Number of in-person Options Counseling assessments of the family caregiver needs completed annually	Refer7



Exhibit A

Program Reporting Data Requirement	Data Source
State Health Insurance Assistance Program (SHIP):	
Specific performance measures: SHIP Grant sets forth performance levels to measure SHIP effectiveness to determine future grant funding based on the following elements:	
Number of total client contacts (in person office, in person home, telephone (all durations, and contacts by email, postal, or fax) per 1,000 Medicare beneficiaries in the ServiceLink Contractors geographic area.	Customized Report/Refer 7
Number of persons reached through presentations, plus reached through booths/exhibits at health fairs, as well as enrolled at enrollment events per 100,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of substantial personal, direct client contacts (telephone calls of duration 10 minutes or more, in person office, in person home per 1,000 Medicare beneficiaries in ServiceLink contractors geographic area	Customized Report/Refer 7
Number of contacts with Medicare beneficiaries coded as in the CMS defined Disabled program (under 65) per 1,000 Medicare beneficiaries in the ServiceLink contractor's geographic area.	Refer 7
Number of unduplicated Medicare beneficiary contacts that discussed low-income (below 150% FPL, regardless of Asset coding) per 1,000 low-income Medicare beneficiaries in the ServiceLink contractors geographic region.	Refer 7
Number of unduplicated enrollment contacts (contacts with one or more qualifying enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink geographic Region.	Refer 7
Number of unduplicated Part D enrollment contacts (contacts with one or more qualifying Part D enrollment topics) discussed per 1,000 Medicare beneficiaries in the ServiceLink contractors geographic Region.	Refer 7
Senior Medicare Patrol Program and Capacity Building programs	
Timely Administration for Community Living Progress Reports) for both SMP and the Capacity Building Program (see attachment).	Customized Report based on federal template
Report strategies and describe partnerships that are consistent with BEAS' work plan submitted to ACL, the SMART FACTS reporting system, OIG monitoring elements, and ACL's performances.	Workplan
Timely reporting of all SMP activities based on the Office of Investigation's (OIG) reporting elements that are entered into the SMART FACTS database.	SMART FACTS



Exhibit A

8. Staffing

8.1. Standards

Contractor shall be required staff to follow the National Social Work standards that include:

- possessing the knowledge, skills, and experience necessary to competently perform the activities related to their role or function within the SLRC
- ensuring the client's right to privacy and ensure appropriate confidentiality when information about the client is released to others.
- knowledgeable about resource availability, service costs, and budgetary parameters and be fiscally responsible in carrying out activities related to their role or function within the SLRC.
- treating colleagues with courtesy and respect and strive to enhance interprofessional, intraprofessional, and interagency cooperation on behalf of the client.

- 8.1.1. Provide sufficient staff to perform all tasks specified in this agreement. The Contractor shall maintain a level of staffing necessary to perform and carry out all of the functions, requirements, roles, and duties in a timely fashion for the number of clients and geographic area as identified in this agreement.
- 8.1.2. Ensure that all staff have appropriate training, education, experience, and orientation to fulfill the requirements of the positions they hold and shall verify and document that it has met this requirement. This includes keeping up-to-date records and documentation of all individuals requiring licenses and/or certifications and such records shall be available for DHHS inspection.
- 8.1.3. Develop a Staffing Contingency Plan, including but not limited to:
- 8.1.3.1. The process for replacement of personnel in the event of loss of key personnel or other personnel before or after signing of the Agreement;
 - 8.1.3.2. Allocation of additional resources to the Agreement in the event of inability to meet any performance standard;
 - 8.1.3.3. Discussion of time frames necessary for obtaining replacements;
 - 8.1.3.4. Capabilities to provide, in a timely manner, replacements/additions with comparable experience; and
 - 8.1.3.5. Method of bringing replacements/additions up-to-date regarding this Agreement.
- 8.1.4. Provide staffing models that will be used by the subcontractors, if applicable.
- 8.1.5. Resumes are required for any changes in key administrative staff to include: CEO, CFO, COO, Executive Director, Financial Manager and managers that supervise staff and volunteers for the programs and services included in this agreement.
- 8.1.6. Contractor's staff members or volunteers who will be interacting with or providing hands-on care to individuals receiving services are required to complete a DHHS State Registry check before the staff member begins



Exhibit A

- providing services. In addition, all agency staff must undergo a NH Criminal Records Background check.
- 8.1.7. Vacant positions will not be funded. Funds paid for vacant positions shall be recovered during the agreement period.
- 8.1.8. Contractor shall maintain written job/service descriptions for paid and volunteer staffs for the aforementioned staffing model that reflect the scope and duties of their respective roles.
- 8.1.9. Contractor shall conduct a written job competency/service performance review for all paid and volunteer staff annually. Performance reviews must include all competencies and requirements. If agencies use standardized performance review forms an addendum to this process must be established in order to be in compliance with program requirements.
- 8.2. The Contractor shall commit staff for the following positions:
- 8.2.1. Program Management
- Contractor shall be responsible for overall site operations and team process management, including performance measurements, training and/or coordination of training for all staff and volunteers, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight. The Contractor is accountable to its Board of Directors or Advisory Board and the designated agent of the fiscal agent as well as the DHHS ServiceLink Resource Center Program Manager.
- 8.2.1.1. Required Certification:
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain training and certification in Options Counseling within 6 months of hire
 - SHIP/SMP certification
- 8.2.2. Information, Referral, & Assistance and Awareness
- The position links individuals who need assistance with appropriate service providers and/or supplies descriptive information about the agencies or organizations, which offer services.
- 8.2.2.1. Required Certification;
- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
 - Obtain certification as a State Health Insurance Assistance Program (SHIP)
 - Senior Medicare Patrol (SMP) Counselor within year of hire. Training for this Certification must begin within 6 months of hire.
- 8.2.3. Options Counseling and Person Centered Transition Support



Exhibit A

This position provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of long-term supports and services.

8.2.3.1. Required Certification:

- Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain training and certification in Options Counseling within 6 months of hire.
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.4. Options Counseling: Caregiver Specialist

Provide person centered needs assessments, options counseling and referrals, one on one support and consumer-directed services based on the needs, preferences of the caregiver. This position also provides:

- Provide one on one counseling with caregivers to help them problem-solve their unique situation.
- Offer education, support, advocacy and follow-up.
- Facilitate training related to assisting family caregivers. This includes detailed knowledge about issues impacting caregivers, national and local resources, programs, funding, and eligibility requirements.
- Data collection, reporting.

8.2.4.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire
- Obtain training and certification in Options Counseling within 6 months of hire.
- Trained/Licensed in Powerful Tools for Caregivers curriculum
- Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor

8.2.5. State Health Insurance Assistance Program (SHIP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the



Exhibit A

State Health Insurance Assistance Program's goals and performance measures for their County/Region

8.2.5.1. Required Certification:

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Within 6 months of hire:
- Obtain certification as a SHIP and SMP Counselor
- Obtain training and certification in Options Counseling

8.2.6. Senior Medicare Patrol Program (SMP)

Contractor shall provide free, unbiased counseling and assistance via telephone and face-to-face interactive sessions, public education presentations, printed materials, and media activities that deal with Medicare coverage and the importance of preventing health care fraud and abuse. Under the direction of the Program Management, oversee the development and implementation of the Senior Medicare Patrol Program's deliverables, goals and performance measures for the State/ County/Region.

8.2.6.1. Required Certification

- Alliance of Information Referral Specialist (AIRS) certification within one year of hire.
- Obtain certification as a SHIP and SMP Counselor, within 6 months of hire

9. Work Plan

Within thirty (30) days of the effective date of the contract, Contractor shall develop and submit to DHHS a detailed work plan that identifies deliverables and includes reasonable timelines for completion of the. DHHS will monitor this contract via this work plan and performance measures defined in the contract.

During the course of this contract period it may be necessary to revise or modify the deliverables and the work plan referred to above to meet the primary objectives defined by the federal grantor. DHHS staff will work with the contractor to develop a solution that takes into consideration resources and timelines for completion. The above-mentioned work plan to be developed will be adjusted accordingly, but in no case will timelines extend beyond the grant award period and or contract period.

10. Cultural Considerations:

DHHS recognizes that culture and language have considerable impact on how consumers access and respond to public health services. Culturally and linguistically diverse populations experience barriers in efforts to access health services. To ensure equal access to quality health services, DHHS expects the



Exhibit A

Contractor shall provide culturally and linguistically appropriate services according to the following guidelines:

Assess the ethnic/cultural needs, resources and assets of their community.
Promote the knowledge and skills necessary for staff to work effectively with consumers with respect to their culturally and linguistically diverse environment.
When feasible and appropriate, provide clients of minimal English skills with interpretation services.

Offer consumers a forum through which clients have the opportunity to provide feedback to the Contractor regarding cultural and linguistic issues that may deserve response.

When feasible and appropriate, identify communication access needs for clients who may be deaf and hard of hearing, or have vision or speech impairment and develop an individual communication plan for recipients to receive services identified in Section 3 Statement of Work.

11. Privacy and Security of Client Information

DHHS is the designated owner of all data related to the programs provided under this contract and shall approve all access to that data. Contractor shall not have ownership of State data at any time. Contractor shall be in compliance with privacy policies established by governmental agencies or by state or federal law. Privacy policy statements may be developed and amended from time to time by the State and will be appropriately displayed on the State portal. Contractor shall provide sufficient security to protect the State and DHHS data in network, transit, storage and cache.

12. E-Studio

Contractors shall be required to use DHHS' E-Studio electronic information system. E-Studio is DHHS' primary vehicle for uploading important information concerning time-sensitive announcements, policy releases, administrative rule adoptions, and other critical information. Use consistent spelling. Contractor is strongly encouraged to identify all of the key agency personnel who need to have E-Studio accounts to ensure that information from DHHS can be shared with the necessary agency staff. There is no cost to the organization for DHHS to create an E-Studio account and no limit on the number of staff an agency identifies to have access to E-Studio.



Exhibit B

Method and Conditions Precedent to Payment

1. The State shall pay the Contractor an amount not to exceed the Price Limitation, block 1.8, of the General Provisions of this Agreement for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
2. Services are funded with funds from the New Hampshire General Funds and with federal funds made available under:

Grant #	CFDA #	Federal Agency	Grant Description
	93.778		Medicaid Grants
G-1301NHSOSR	93.667	Admin for Children & Families	Social Services Block Grant
14AANHT3FC	93.052	Admin for Community Living	NH Family Caregiver Support Title III E
90RO0028	93.517	Admin for Community Living	NH ADRC Options Counseling Enhancement Program
1NOCMS020220	93.779	Centers for Medicare & Medicaid Services	State Health Ins Assistance Program
90MP0176	93.048	Admin for Community Living	Senior Medicare Patrol Project

3. Account Numbers in P-37 Box 1.6

Grant	State Account Number
NH State General Funds	05-95-48-481010-95650000-102-500731
Social Services Block Grant	05-95-48-481010-92550000-545-500387
Medicaid	05-95-48-481510-61800000-550-500398
NH ADRC Options Counseling Enhancement Program	05-95-48-481010-78720000-072-500575
NH Family Caregiver Support Title III E	05-95-48-481010-78720000-570-500928
Senior Medicare Patrol Project	05-95-48-481010-33170000-102-500731
State Health Insurance Assistance Program	05-95-48-481010-89250000-102-500731

4. Payment for said services shall be made as follows:
The Contractor will submit an invoice by the tenth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Department will supply the invoice template to the contractor; format of the invoice template will be similar to that of the contractor's approved budget (s). The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice for Contractor services provided pursuant to this Agreement.

The invoice must be submitted to:
Financial Manager
Bureau of Elderly and Adult Services
Department of Health and Human Services



Exhibit B

129 Pleasant Street, Brown Building
Concord, NH 03301

5. Payment for contracted services will be made on a line item actual cost reimbursement for allowable expenses based on budgets identified as Exhibit B-1 – B10. Each budget is specific to a time period as identified in the budget period at the top of the respective budget form. Allowable costs and expenses shall be determined by DHHS in accordance with applicable state and federal laws and regulations.
6. The Contractor shall submit to the Department the subcontractor's budget for review and approval. The Contractor shall submit to the Department copies of their invoices and the subcontractor's invoices for actual expenses that support the requests for reimbursement.
7. The Information, Referral, and Awareness Program Budgets Exhibit B-1 and B-6 Contract Share is funded by various sources as a percentage of the total as follows:
 - 7.1. NH State General Funds SFY14: 47% SFY15: 49%
 - 7.2. Social Services Block Grant SFY14: 15% SFY15: 14%
 - 7.3. Medicaid SFY14: 38% SFY15: 37%
8. The Options Counseling and Person Centered Transition Support Programs Budgets Exhibit B-2 and B-7 Contract Share is funded by various sources as a percentage of the total as follows:
 - 8.1. Medicaid SFY14: 64% SFY15: 88%
 - 8.2. ADRC Grant SFY14: 36% SFY15: 12%
9. Contractor will have forty-five (45) days from the end of the contract period to submit to the Department final invoices for payment. Any adjustments made to a prior invoice will need to be accompanied by supporting documentation.
10. Notwithstanding paragraph 18 of the General Provisions of this Agreement P-37, an amendment limited to Exhibit B-1 through B-10 Budgets, to adjust amounts within the budgets and within the price limitation, can be made by written agreement of both parties and may be made without obtaining approval of Governor and Executive Council.
11. Community Support Requirement: When the Contractor elects to provide additional funding toward the cost of the programs, then the Contractor is obligated to fund the difference between the total costs of the programs less the state's share. Contractors shall report on a monthly basis the total cost of the program for the month, the amount requested to be paid by the state and the source of funds and amount for the contractor's share.
12. The Contractor shall complete Time Sheets for staff as instructed and on forms provided by DHHS.
13. Financial Reporting Requirements: The Contractor shall submit Monthly Financial Reports to DHHS upon request.
14. Review of the State Disallowance of Costs: At any time during the performance of the Services, and upon receipt of the Monthly Reports, Termination Report or Audited Financial Report, the State may review all Project Costs incurred by the Contractor and all payments made to date. Upon such review the State shall disallow any items of expenses that are not determined to be allowable or are determined to be in excess of actual expenditures, and shall, by written notice specifying the disallowed expenditures, inform the Contractor of any such disallowance. If the State disallows costs for which payment has not yet been made, it shall refuse to pay such costs.

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD									
Bidder/Program Name: Crocheted Mountain Community Care for SLRC Rockingham County									
Budget Request for: Information, Referral and Awareness (Name of Program)									
Budget Period: 1/1/14-6/30/14									
Line Item	Total Program Cost			Contractor Share / Month			Requested Budget to be Funded by DHHS		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 64,058.59	\$ -	\$ 64,058.59	\$ -	\$ -	\$ -	\$ 64,058.59	\$ -	\$ 64,058.59
2. Employee Benefits	\$ 19,992.88	\$ -	\$ 19,992.88	\$ -	\$ -	\$ -	\$ 19,992.88	\$ -	\$ 19,992.88
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 503.88	\$ -	\$ 503.88	\$ -	\$ -	\$ -	\$ 503.88	\$ -	\$ 503.88
Repair and Maintenance	\$ 647.52	\$ -	\$ 647.52	\$ -	\$ -	\$ -	\$ 647.52	\$ -	\$ 647.52
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,216.00	\$ -	\$ 1,216.00	\$ -	\$ -	\$ -	\$ 1,216.00	\$ -	\$ 1,216.00
6. Travel	\$ 2,356.00	\$ -	\$ 2,356.00	\$ -	\$ -	\$ -	\$ 2,356.00	\$ -	\$ 2,356.00
7. Occupancy	\$ 3,572.00	\$ 6,384.00	\$ 9,956.00	\$ -	\$ 6,384.00	\$ 6,384.00	\$ 3,572.00	\$ -	\$ 3,572.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,482.00	\$ -	\$ 1,482.00	\$ -	\$ -	\$ -	\$ 1,482.00	\$ -	\$ 1,482.00
Postage	\$ 570.00	\$ -	\$ 570.00	\$ -	\$ -	\$ -	\$ 570.00	\$ -	\$ 570.00
Subscriptions	\$ 76.00	\$ -	\$ 76.00	\$ -	\$ -	\$ -	\$ 76.00	\$ -	\$ 76.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 475.00	\$ -	\$ 475.00	\$ -	\$ -	\$ -	\$ 475.00	\$ -	\$ 475.00
11. Staff Education and Training	\$ 190.00	\$ -	\$ 190.00	\$ -	\$ -	\$ -	\$ 190.00	\$ -	\$ 190.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 190.00	\$ -	\$ 190.00	\$ -	\$ -	\$ -	\$ 190.00	\$ -	\$ 190.00
Advertising	\$ 570.38	\$ -	\$ 570.38	\$ -	\$ -	\$ -	\$ 570.38	\$ -	\$ 570.38
In-Kind Volunteer time	\$ -	\$ 3,059.70	\$ 3,059.70	\$ -	\$ 3,059.70	\$ 3,059.70	\$ -	\$ -	\$ -
Administrative costs for Crocheted Mountain	\$ 9,589.98	\$ -	\$ 9,589.98	\$ 3,800.00	\$ -	\$ 3,800.00	\$ 5,789.98	\$ -	\$ 5,789.98
TOTAL	\$ 105,490.03	\$ 9,443.70	\$ 114,933.73	\$ 3,800.00	\$ 9,443.70	\$ 10,184.00	\$ 101,690.03	\$ -	\$ 101,690.03
Indirect As A Percent of Direct									
9.0%									
248.5%									
0.0%									

New Hampshire Department of Health and Human Services COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD									
Bidder/Program Name: Crooked Mountain Community Care for SLRC Rockingham County									
Budget Request for: Options Counseling and Person Centered Transitions Support Program (Name of Program)									
Budget Period: 1/1/14-6/30/14									
Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 64,058.59	\$ -	\$ 64,058.59	\$ -	\$ -	\$ -	\$ 64,058.59	\$ -	\$ 64,058.59
2. Employee Benefits	\$ 19,992.68	\$ -	\$ 19,992.68	\$ -	\$ -	\$ -	\$ 19,992.68	\$ -	\$ 19,992.68
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 503.88	\$ -	\$ 503.88	\$ -	\$ -	\$ -	\$ 503.88	\$ -	\$ 503.88
Repair and Maintenance	\$ 647.52	\$ -	\$ 647.52	\$ -	\$ -	\$ -	\$ 647.52	\$ -	\$ 647.52
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 1,216.00	\$ -	\$ 1,216.00	\$ -	\$ -	\$ -	\$ 1,216.00	\$ -	\$ 1,216.00
6. Travel	\$ 2,356.00	\$ -	\$ 2,356.00	\$ -	\$ -	\$ -	\$ 2,356.00	\$ -	\$ 2,356.00
7. Occupancy	\$ 3,572.00	\$ 6,384.00	\$ 9,956.00	\$ -	\$ 6,384.00	\$ 6,384.00	\$ 3,572.00	\$ -	\$ 3,572.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 1,482.00	\$ -	\$ 1,482.00	\$ -	\$ -	\$ -	\$ 1,482.00	\$ -	\$ 1,482.00
Postage	\$ 570.00	\$ -	\$ 570.00	\$ -	\$ -	\$ -	\$ 570.00	\$ -	\$ 570.00
Subscriptions	\$ 78.00	\$ -	\$ 78.00	\$ -	\$ -	\$ -	\$ 78.00	\$ -	\$ 78.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 475.00	\$ -	\$ 475.00	\$ -	\$ -	\$ -	\$ 475.00	\$ -	\$ 475.00
11. Staff Education and Training	\$ 190.00	\$ -	\$ 190.00	\$ -	\$ -	\$ -	\$ 190.00	\$ -	\$ 190.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specify details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 190.00	\$ -	\$ 190.00	\$ -	\$ -	\$ -	\$ 190.00	\$ -	\$ 190.00
Advertising	\$ 570.38	\$ -	\$ 570.38	\$ -	\$ -	\$ -	\$ 570.38	\$ -	\$ 570.38
In-Kind Volunteer time	\$ -	\$ 3,059.70	\$ 3,059.70	\$ -	\$ 3,059.70	\$ 3,059.70	\$ -	\$ -	\$ -
Administrative costs for Crooked Mountain	\$ 9,589.98	\$ -	\$ 9,589.98	\$ 3,800.00	\$ -	\$ 3,800.00	\$ 5,789.98	\$ -	\$ 5,789.98
TOTAL	\$ 105,490.03	\$ 8,443.70	\$ 114,933.73	\$ 3,800.00	\$ 9,443.70	\$ 13,243.70	\$ 101,690.03	\$ -	\$ 101,690.03
Indirect As A Percent of Direct			9.0%				0.0%		

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

Bidder/Program Name: Crocheted Mountain Community Care for SLRC Rockingham County

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 8,428.78	\$ -	\$ 8,428.78	\$ -	\$ -	\$ -	\$ 8,428.78	\$ -	\$ 8,428.78
2. Employee Benefits	\$ 2,630.62	\$ -	\$ 2,630.62	\$ -	\$ -	\$ -	\$ 2,630.62	\$ -	\$ 2,630.62
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 66.30	\$ -	\$ 66.30	\$ -	\$ -	\$ -	\$ 66.30	\$ -	\$ 66.30
Repair and Maintenance	\$ 85.20	\$ -	\$ 85.20	\$ -	\$ -	\$ -	\$ 85.20	\$ -	\$ 85.20
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
6. Travel	\$ 160.00	\$ -	\$ 160.00	\$ -	\$ -	\$ -	\$ 160.00	\$ -	\$ 160.00
7. Occupancy	\$ 310.00	\$ -	\$ 310.00	\$ -	\$ -	\$ -	\$ 310.00	\$ -	\$ 310.00
8. Current Expenses	\$ 470.00	\$ 840.00	\$ 1,310.00	\$ -	\$ 840.00	\$ 840.00	\$ 470.00	\$ -	\$ 470.00
Telephone	\$ 195.00	\$ -	\$ 195.00	\$ -	\$ -	\$ -	\$ 195.00	\$ -	\$ 195.00
Postage	\$ 75.00	\$ -	\$ 75.00	\$ -	\$ -	\$ -	\$ 75.00	\$ -	\$ 75.00
Subscriptions	\$ 10.00	\$ -	\$ 10.00	\$ -	\$ -	\$ -	\$ 10.00	\$ -	\$ 10.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 62.50	\$ -	\$ 62.50	\$ -	\$ -	\$ -	\$ 62.50	\$ -	\$ 62.50
11. Staff Education and Training	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ -	\$ -	\$ 25.00	\$ -	\$ 25.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Specify details mandatorily):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ -	\$ -	\$ 25.00	\$ -	\$ 25.00
Advertising	\$ 75.05	\$ -	\$ 75.05	\$ -	\$ -	\$ -	\$ 75.05	\$ -	\$ 75.05
Administrative Costs for Crocheted Mountain	\$ 1,261.84	\$ -	\$ 1,261.84	\$ 500.00	\$ -	\$ 500.00	\$ 761.84	\$ -	\$ 761.84
TOTAL	\$ 13,880.27	\$ 840.00	\$ 14,720.27	\$ 500.00	\$ 840.00	\$ 1,340.00	\$ 13,380.27	\$ -	\$ 13,380.27

Indirect As A Percent of Direct

6.1%

168.0%

0.0%

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

Bidder/Program Name: Crooked Mountain Community Care for SLRC Rockingham County

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 5,057.26	\$ -	\$ 5,057.26	\$ 703.51	\$ -	\$ 703.51	\$ 4,353.75	\$ -	\$ 4,353.75
2. Employee Benefits	\$ 1,578.37	\$ -	\$ 1,578.37	\$ 316.08	\$ -	\$ 316.08	\$ 1,262.31	\$ -	\$ 1,262.31
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 39.78	\$ -	\$ 39.78	\$ -	\$ -	\$ -	\$ 39.78	\$ -	\$ 39.78
6. Repair and Maintenance	\$ 51.12	\$ -	\$ 51.12	\$ -	\$ -	\$ -	\$ 51.12	\$ -	\$ 51.12
7. Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
8. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11. Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Office	\$ 96.00	\$ -	\$ 96.00	\$ -	\$ -	\$ -	\$ 96.00	\$ -	\$ 96.00
14. Travel	\$ 186.00	\$ -	\$ 186.00	\$ -	\$ -	\$ -	\$ 186.00	\$ -	\$ 186.00
15. Occupancy	\$ 282.00	\$ 504.00	\$ 786.00	\$ -	\$ 504.00	\$ 504.00	\$ 282.00	\$ -	\$ 282.00
16. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17. Telephone	\$ 117.00	\$ -	\$ 117.00	\$ -	\$ -	\$ -	\$ 117.00	\$ -	\$ 117.00
18. Postage	\$ 45.00	\$ -	\$ 45.00	\$ -	\$ -	\$ -	\$ 45.00	\$ -	\$ 45.00
19. Subscriptions	\$ 6.00	\$ -	\$ 6.00	\$ -	\$ -	\$ -	\$ 6.00	\$ -	\$ 6.00
20. Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21. Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22. Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24. Marketing/Communications	\$ 37.50	\$ -	\$ 37.50	\$ -	\$ -	\$ -	\$ 37.50	\$ -	\$ 37.50
25. Staff Education and Training	\$ 15.00	\$ -	\$ 15.00	\$ -	\$ -	\$ -	\$ 15.00	\$ -	\$ 15.00
26. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28. Printing and Reproduction	\$ 15.00	\$ -	\$ 15.00	\$ -	\$ -	\$ -	\$ 15.00	\$ -	\$ 15.00
29. Advertising	\$ 45.03	\$ -	\$ 45.03	\$ -	\$ -	\$ -	\$ 45.03	\$ -	\$ 45.03
30. In-Kind Volunteer time	\$ -	\$ 3,558.80	\$ 3,558.80	\$ -	\$ 3,558.80	\$ 3,558.80	\$ -	\$ -	\$ -
31. Administrative costs for Crooked Mountain	\$ 757.10	\$ -	\$ 757.10	\$ 300.00	\$ -	\$ 300.00	\$ 457.10	\$ -	\$ 457.10
TOTAL	\$ 8,328.16	\$ 4,062.80	\$ 12,390.96	\$ 1,319.57	\$ 4,062.80	\$ 5,382.37	\$ 7,008.59	\$ -	\$ 7,008.59

Indirect As A Percent of Direct

48.8%

307.9%

0.0%

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

Bidder/Program Name: Crotched Mountain Community Care for SLRC Rockingham County

Budget Request for: Senior Medicare Parol Program
(Name of Program)

Budget Period: 1/1/14-6/30/14

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 8,428.78	\$ -	\$ 8,428.78	\$ 1,246.37	\$ -	\$ 1,246.37	\$ 7,182.39	\$ -	\$ 7,182.39
2. Employee Benefits	\$ 2,630.62	\$ -	\$ 2,630.62	\$ 559.98	\$ -	\$ 559.98	\$ 2,070.66	\$ -	\$ 2,070.66
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 66.30	\$ -	\$ 66.30	\$ -	\$ -	\$ -	\$ 66.30	\$ -	\$ 66.30
Repair and Maintenance	\$ 85.20	\$ -	\$ 85.20	\$ -	\$ -	\$ -	\$ 85.20	\$ -	\$ 85.20
Purchase/Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 160.00	\$ -	\$ 160.00	\$ -	\$ -	\$ -	\$ 160.00	\$ -	\$ 160.00
6. Travel	\$ 310.00	\$ -	\$ 310.00	\$ -	\$ -	\$ -	\$ 310.00	\$ -	\$ 310.00
7. Occupancy	\$ 470.00	\$ 840.00	\$ 1,310.00	\$ -	\$ 840.00	\$ 840.00	\$ 470.00	\$ -	\$ 470.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 195.00	\$ -	\$ 195.00	\$ -	\$ -	\$ -	\$ 195.00	\$ -	\$ 195.00
Postage	\$ 75.00	\$ -	\$ 75.00	\$ -	\$ -	\$ -	\$ 75.00	\$ -	\$ 75.00
Subscriptions	\$ 10.00	\$ -	\$ 10.00	\$ -	\$ -	\$ -	\$ 10.00	\$ -	\$ 10.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 62.50	\$ -	\$ 62.50	\$ -	\$ -	\$ -	\$ 62.50	\$ -	\$ 62.50
11. Staff Education and Training	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ -	\$ -	\$ 25.00	\$ -	\$ 25.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 25.00	\$ -	\$ 25.00	\$ -	\$ -	\$ -	\$ 25.00	\$ -	\$ 25.00
Advertising	\$ 75.05	\$ -	\$ 75.05	\$ -	\$ -	\$ -	\$ 75.05	\$ -	\$ 75.05
In-Kind Volunteer time	\$ -	\$ 542.50	\$ 542.50	\$ -	\$ 542.50	\$ 542.50	\$ -	\$ -	\$ -
Administrative costs for Crotched Mountain	\$ 1,261.84	\$ -	\$ 1,261.84	\$ 500.00	\$ -	\$ 500.00	\$ 761.84	\$ -	\$ 761.84
TOTAL	\$ 13,880.27	\$ 1,382.50	\$ 15,262.77	\$ 2,306.33	\$ 1,382.50	\$ 3,688.83	\$ 11,573.94	\$ -	\$ 11,573.94

Indirect As A Percent of Direct

10.0%

59.9%

0.0%

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

Bidder/Program Name: Crotched Mountain Community Care for SLRC - Rockingham

Budget Request for: Information, Referral and Awareness
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 147,639.59	\$ -	\$ 147,639.59	\$ -	\$ -	\$ -	\$ 147,639.59	\$ -	\$ 147,639.59
2. Employee Benefits	\$ 46,081.84	\$ -	\$ 46,081.84	\$ -	\$ -	\$ -	\$ 46,081.84	\$ -	\$ 46,081.84
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,060.80	\$ -	\$ 1,060.80	\$ -	\$ -	\$ -	\$ 1,060.80	\$ -	\$ 1,060.80
Repair and Maintenance	\$ 1,400.00	\$ -	\$ 1,400.00	\$ -	\$ -	\$ -	\$ 1,400.00	\$ -	\$ 1,400.00
Purchases/Depreciation	\$ 960.00	\$ -	\$ 960.00	\$ -	\$ -	\$ -	\$ 960.00	\$ -	\$ 960.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,560.00	\$ -	\$ 2,560.00	\$ -	\$ -	\$ -	\$ 2,560.00	\$ -	\$ 2,560.00
6. Travel	\$ 4,960.00	\$ -	\$ 4,960.00	\$ -	\$ -	\$ -	\$ 4,960.00	\$ -	\$ 4,960.00
7. Occupancy	\$ 7,520.00	\$ 6,384.00	\$ 13,904.00	\$ -	\$ 6,384.00	\$ 6,384.00	\$ 7,520.00	\$ -	\$ 7,520.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,120.00	\$ -	\$ 3,120.00	\$ -	\$ -	\$ -	\$ 3,120.00	\$ -	\$ 3,120.00
Postage	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -	\$ 1,200.00
Subscriptions	\$ 160.00	\$ -	\$ 160.00	\$ -	\$ -	\$ -	\$ 160.00	\$ -	\$ 160.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00
11. Staff Education and Training	\$ 800.00	\$ -	\$ 800.00	\$ -	\$ -	\$ -	\$ 800.00	\$ -	\$ 800.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Specific Details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 400.00	\$ -	\$ 400.00	\$ -	\$ -	\$ -	\$ 400.00	\$ -	\$ 400.00
Advertising	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -	\$ 1,200.00
In-Kind Volunteer time	\$ -	\$ 3,059.70	\$ 3,059.70	\$ -	\$ 3,059.70	\$ 3,059.70	\$ -	\$ -	\$ -
Administrative costs for Crotched Mountain	\$ 22,006.22	\$ -	\$ 22,006.22	\$ 8,000.00	\$ -	\$ 8,000.00	\$ 14,006.22	\$ -	\$ 14,006.22
TOTAL	\$ 242,068.45	\$ 9,443.70	\$ 251,512.15	\$ 8,000.00	\$ 9,443.70	\$ 17,443.70	\$ 234,068.45	\$ -	\$ 234,068.45

Indirect As A Percent of Direct

3.6%

118.0%

0.0%

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

Bidder/Program Name: Crocheted Mountain Community Care for SLRC - Rockingham

Budget Request for: Options Counseling and Person Centered Transitions Support Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 147,639.59	\$ -	\$ 147,639.59	\$ -	\$ -	\$ -	\$ 147,639.59	\$ -	\$ 147,639.59
2. Employee Benefits	\$ 46,081.84	\$ -	\$ 46,081.84	\$ -	\$ -	\$ -	\$ 46,081.84	\$ -	\$ 46,081.84
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 1,060.80	\$ -	\$ 1,060.80	\$ -	\$ -	\$ -	\$ 1,060.80	\$ -	\$ 1,060.80
Repair and Maintenance	\$ 1,400.00	\$ -	\$ 1,400.00	\$ -	\$ -	\$ -	\$ 1,400.00	\$ -	\$ 1,400.00
Purchase/Depreciation	\$ 960.00	\$ -	\$ 960.00	\$ -	\$ -	\$ -	\$ 960.00	\$ -	\$ 960.00
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 2,560.00	\$ -	\$ 2,560.00	\$ -	\$ -	\$ -	\$ 2,560.00	\$ -	\$ 2,560.00
6. Travel	\$ 4,960.00	\$ -	\$ 4,960.00	\$ -	\$ -	\$ -	\$ 4,960.00	\$ -	\$ 4,960.00
7. Occupancy	\$ 7,520.00	\$ 6,384.00	\$ 13,904.00	\$ -	\$ 6,384.00	\$ 6,384.00	\$ 7,520.00	\$ -	\$ 7,520.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 3,120.00	\$ -	\$ 3,120.00	\$ -	\$ -	\$ -	\$ 3,120.00	\$ -	\$ 3,120.00
Postage	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -	\$ 1,200.00
Subscriptions	\$ 160.00	\$ -	\$ 160.00	\$ -	\$ -	\$ -	\$ 160.00	\$ -	\$ 160.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ -	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00
11. Staff Education and Training	\$ 800.00	\$ -	\$ 800.00	\$ -	\$ -	\$ -	\$ 800.00	\$ -	\$ 800.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 400.00	\$ -	\$ 400.00	\$ -	\$ -	\$ -	\$ 400.00	\$ -	\$ 400.00
Advertising	\$ 1,200.00	\$ -	\$ 1,200.00	\$ -	\$ -	\$ -	\$ 1,200.00	\$ -	\$ 1,200.00
In-Kind Volunteer time	\$ 22,006.22	\$ 3,059.70	\$ 25,065.92	\$ -	\$ 3,059.70	\$ 3,059.70	\$ -	\$ -	\$ -
Administrative costs for Crocheted Mountain	\$ -	\$ -	\$ -	\$ 8,000.00	\$ -	\$ 8,000.00	\$ -	\$ -	\$ -
TOTAL	\$ 242,068.45	\$ 9,443.70	\$ 251,512.15	\$ 8,000.00	\$ 9,443.70	\$ 17,443.70	\$ 234,068.45	\$ -	\$ 234,068.45

Indirect As A Percent of Direct

3.9%

118.0%

0.0%

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

Bidder/Program Name: Crocheted Mountain Community Care for SLRC - Rockingham

Budget Request for: Family Caregiver Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 25,836.93	\$ -	\$ 25,836.93	\$ -	\$ -	\$ -	\$ 25,836.93	\$ -	\$ 25,836.93
2. Employee Benefits	\$ 8,064.32	\$ -	\$ 8,064.32	\$ -	\$ -	\$ -	\$ 8,064.32	\$ -	\$ 8,064.32
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 185.64	\$ -	\$ 185.64	\$ -	\$ -	\$ -	\$ 185.64	\$ -	\$ 185.64
Repair and Maintenance	\$ 245.00	\$ -	\$ 245.00	\$ -	\$ -	\$ -	\$ 245.00	\$ -	\$ 245.00
Purchase/Depreciation	\$ 168.00	\$ -	\$ 168.00	\$ -	\$ -	\$ -	\$ 168.00	\$ -	\$ 168.00
5. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 448.00	\$ -	\$ 448.00	\$ -	\$ -	\$ -	\$ 448.00	\$ -	\$ 448.00
6. Travel	\$ 868.00	\$ -	\$ 868.00	\$ -	\$ -	\$ -	\$ 868.00	\$ -	\$ 868.00
7. Occupancy	\$ 1,316.00	\$ 840.00	\$ 2,156.00	\$ -	\$ 840.00	\$ 840.00	\$ -	\$ -	\$ 1,316.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 546.00	\$ -	\$ 546.00	\$ -	\$ -	\$ -	\$ 546.00	\$ -	\$ 546.00
Postage	\$ 210.00	\$ -	\$ 210.00	\$ -	\$ -	\$ -	\$ 210.00	\$ -	\$ 210.00
Subscriptions	\$ 28.00	\$ -	\$ 28.00	\$ -	\$ -	\$ -	\$ 28.00	\$ -	\$ 28.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 175.00	\$ -	\$ 175.00	\$ -	\$ -	\$ -	\$ 175.00	\$ -	\$ 175.00
11. Staff Education and Training	\$ 140.00	\$ -	\$ 140.00	\$ -	\$ -	\$ -	\$ 140.00	\$ -	\$ 140.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (Specify nature, mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 70.00	\$ -	\$ 70.00	\$ -	\$ -	\$ -	\$ 70.00	\$ -	\$ 70.00
Advertising	\$ 210.00	\$ -	\$ 210.00	\$ -	\$ -	\$ -	\$ 210.00	\$ -	\$ 210.00
Administrative Costs for Crocheted Mountain	\$ 3,851.09	\$ -	\$ 3,851.09	\$ 1,400.00	\$ -	\$ 1,400.00	\$ 2,451.09	\$ -	\$ 2,451.09
TOTAL	\$ 42,361.98	\$ 840.00	\$ 43,201.98	\$ 1,400.00	\$ 840.00	\$ 2,240.00	\$ 40,961.98	\$ -	\$ 40,961.98

Indirect As A Percent of Direct

2.0%

60.0%

0.0%

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

Bidder/Program Name: Crofted Mountain Community Care for SLRC - Rockingham

Budget Request for: State Health Insurance Assistance Program
(Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	\$ 14,763.96	\$ -	\$ 14,763.96	\$ 3,520.86	\$ -	\$ 3,520.86	\$ 11,243.10	\$ -	\$ 11,243.10
2. Employee Benefits	\$ 4,808.19	\$ -	\$ 4,808.19	\$ 1,561.83	\$ -	\$ 1,561.83	\$ 3,246.36	\$ -	\$ 3,246.36
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental	\$ 106.08	\$ -	\$ 106.08	\$ -	\$ -	\$ -	\$ 106.08	\$ -	\$ 106.08
Repair and Maintenance	\$ 140.00	\$ -	\$ 140.00	\$ -	\$ -	\$ -	\$ 140.00	\$ -	\$ 140.00
Purchase/Depreciation	\$ 96.00	\$ -	\$ 96.00	\$ -	\$ -	\$ -	\$ 96.00	\$ -	\$ 96.00
5. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 256.00	\$ -	\$ 256.00	\$ -	\$ -	\$ -	\$ 256.00	\$ -	\$ 256.00
6. Travel	\$ 496.00	\$ -	\$ 496.00	\$ -	\$ -	\$ -	\$ 496.00	\$ -	\$ 496.00
7. Occupancy	\$ 752.00	\$ 504.00	\$ 1,256.00	\$ -	\$ 504.00	\$ 504.00	\$ 752.00	\$ -	\$ 752.00
8. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 312.00	\$ -	\$ 312.00	\$ -	\$ -	\$ -	\$ 312.00	\$ -	\$ 312.00
Postage	\$ 120.00	\$ -	\$ 120.00	\$ -	\$ -	\$ -	\$ 120.00	\$ -	\$ 120.00
Subscriptions	\$ 16.00	\$ -	\$ 16.00	\$ -	\$ -	\$ -	\$ 16.00	\$ -	\$ 16.00
Audio and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9. Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10. Marketing/Communications	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 100.00
11. Staff Education and Training	\$ 80.00	\$ -	\$ 80.00	\$ -	\$ -	\$ -	\$ 80.00	\$ -	\$ 80.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13. Other (specific details mandatory)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 40.00	\$ -	\$ 40.00	\$ -	\$ -	\$ -	\$ 40.00	\$ -	\$ 40.00
Advertising	\$ 120.00	\$ -	\$ 120.00	\$ -	\$ -	\$ -	\$ 120.00	\$ -	\$ 120.00
In-kind Volunteer time	\$ -	\$ 7,117.60	\$ 7,117.60	\$ -	\$ 7,117.60	\$ 7,117.60	\$ -	\$ -	\$ -
Administrative costs for Crofted Mountain	\$ 2,200.62	\$ -	\$ 2,200.62	\$ 800.00	\$ -	\$ 800.00	\$ 1,400.62	\$ -	\$ 1,400.62
TOTAL	\$ 24,206.85	\$ 7,621.60	\$ 31,828.45	\$ 5,902.66	\$ 7,621.60	\$ 13,524.26	\$ 18,304.19	\$ -	\$ 18,304.19

Indirect As A Percent of Direct

31.5%

128.1%

0.0%

Exhibit B-12
 Exhibit B-10 DH 10/5/13

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

Bidder/Program Name: Crocheted Mountain Community Care for SLRC - Rockingham

Budget Request for: Senior Medicare Patrol Program
 (Name of Program)

Budget Period: 7/1/14 - 6/30/15

Line Item	Total Program Cost			Contractor Share / Match			Requested Budget to be Funded by DHHS Contract Share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 18,454.95	\$ -	\$ 18,454.95	\$ 605.65	\$ -	\$ 605.65	\$ 17,849.30	\$ -	\$ 17,849.30
2. Employee Benefits	\$ 5,760.23	\$ -	\$ 5,760.23	\$ 272.10	\$ -	\$ 272.10	\$ 5,488.13	\$ -	\$ 5,488.13
3. Consultants	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5. Rental	\$ 132.00	\$ -	\$ 132.00	\$ -	\$ -	\$ -	\$ 132.00	\$ -	\$ 132.00
6. Repair and Maintenance	\$ 175.00	\$ -	\$ 175.00	\$ -	\$ -	\$ -	\$ 175.00	\$ -	\$ 175.00
7. Purchase/Depreciation	\$ 120.00	\$ -	\$ 120.00	\$ -	\$ -	\$ -	\$ 120.00	\$ -	\$ 120.00
8. Supplies:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Educational	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Lab	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medical	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office	\$ 320.00	\$ -	\$ 320.00	\$ -	\$ -	\$ -	\$ 320.00	\$ -	\$ 320.00
9. Travel	\$ 620.00	\$ -	\$ 620.00	\$ -	\$ -	\$ -	\$ 620.00	\$ -	\$ 620.00
10. Occupancy	\$ 940.00	\$ 840.00	\$ 1,780.00	\$ -	\$ 840.00	\$ 840.00	\$ 940.00	\$ -	\$ 940.00
11. Current Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Telephone	\$ 390.00	\$ -	\$ 390.00	\$ -	\$ -	\$ -	\$ 390.00	\$ -	\$ 390.00
Postage	\$ 150.00	\$ -	\$ 150.00	\$ -	\$ -	\$ -	\$ 150.00	\$ -	\$ 150.00
Subscriptions	\$ 20.00	\$ -	\$ 20.00	\$ -	\$ -	\$ -	\$ 20.00	\$ -	\$ 20.00
Audit and Legal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Board Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12. Marketing/Communications	\$ 125.00	\$ -	\$ 125.00	\$ -	\$ -	\$ -	\$ 125.00	\$ -	\$ 125.00
13. Staff Education and Training	\$ 100.00	\$ -	\$ 100.00	\$ -	\$ -	\$ -	\$ 100.00	\$ -	\$ 100.00
14. Subcontracts/Agreements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15. Other (specific details mandatory):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing and Reproduction	\$ 50.00	\$ -	\$ 50.00	\$ -	\$ -	\$ -	\$ 50.00	\$ -	\$ 50.00
Advertising	\$ 150.00	\$ -	\$ 150.00	\$ -	\$ -	\$ -	\$ 150.00	\$ -	\$ 150.00
In-Kind Volunteer Time	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative costs for Crocheted Mountain	\$ 2,751.38	\$ 1,085.00	\$ 3,836.38	\$ 1,000.00	\$ 1,085.00	\$ 2,085.00	\$ 1,751.38	\$ -	\$ 1,751.38
TOTAL	\$ 30,259.48	\$ 1,925.00	\$ 32,184.48	\$ 1,877.75	\$ 1,925.00	\$ 3,802.75	\$ 28,381.73	\$ -	\$ 28,381.73
Indirect As A Percent of Direct	6.4%			102.5%			0.0%		

NH Department of Health and Human Services**STANDARD EXHIBIT C****SPECIAL PROVISIONS**

1. 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:

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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:

8.1 Renegotiate the rates for payment hereunder, in which event new rates shall be established;

8.2 Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

8.3 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:

9. 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:

9.1 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.

9.2 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.

9.3 Medical Records: Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.

10. Audit: Contractor shall submit an annual audit to the Department within 60 days after the close of the Contractor 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.

10.1 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.

10.2 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.

11. 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.

12. Reports: Fiscal and Statistical: The Contractor agrees to submit the following reports at the following times if requested by the Department.

12.1 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.

12.2 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.

13. 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.

14. 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:

14.1 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.

15. 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.

16. 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.

17. 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:

- Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 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
- Monitor the subcontractor's performance on an ongoing basis
- Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- DHHS shall review and approve all subcontracts.

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

SPECIAL PROVISIONS – 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.

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.

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

NH Department of Health and Human Services

STANDARD EXHIBIT C-1

ADDITIONAL SPECIAL 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. **Contract Extension:** This Agreement has an option for two (2) one year extension to be exercised by mutual agreements by the parties, upon availability of funding, acceptable performance of the Statement of Work, and subsequent approval by the Governor and Executive Council.

NH Department of Health and Human Services**STANDARD EXHIBIT D****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

- (A) The grantee certifies that it will or will continue to provide a drug-free workplace by:
- (a) 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;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

- (c) 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);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - (1) Abide by the terms of the statement; and
 - (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;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(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;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted
 - (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
 - (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;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) 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.

Crotched Mt Community Care From: 1/1/14 To: 6/30/15
 (Contractor Name) (Period Covered by this Certification)

Margaret Lins RN MS - VP Community Based Services
 (Name & Title of Authorized Contractor Representative)

Margaret Lins 12/5/13
 (Contractor Representative Signature) (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT E

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

Contract Period: 1/1/14 through 6/30/2015

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.

Margaret Davis
 (Contractor Representative Signature)

VP Community Based Services
 (Authorized Contractor Representative Name & Title)

Crotched Mountain Community Care, Inc
 (Contractor Name)

12/5/13
 (Date)

NH Department of Health and Human Services

STANDARD EXHIBIT F

**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

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) 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;
 - (c) 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
 - (d) 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.
- (2) 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

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:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) 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).

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.

Margaret Davis
(Contractor Representative Signature)

Margaret Lins
V.P. Community Services
(Authorized Contractor Representative Name & Title)

Crotched Mtn Community Care Inc
(Contractor Name)

12/5/13
(Date)

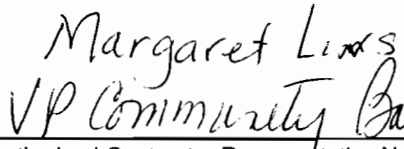
NH Department of Health and Human Services

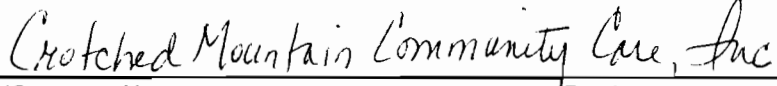
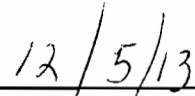
STANDARD EXHIBIT G

CERTIFICATION REGARDING
THE AMERICANS WITH DISABILITIES ACT COMPLIANCE

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 make reasonable efforts to comply with all applicable provisions of the Americans with Disabilities Act of 1990.

	 VP Community Based Services
(Contractor Representative Signature)	(Authorized Contractor Representative Name & Title)

	
(Contractor Name)	(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT H

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.

Margaret Lins
(Contractor Representative Signature)

Margaret Lins
VP Community Based Services
(Authorized Contractor Representative Name & Title)

Crotched Mt. Comm. Care
(Contractor Name)

12/5/13
(Date)

NH Department of Health and Human Services

STANDARD EXHIBIT I
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY 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 and those parts of the HITECH Act 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.

BUSINESS ASSOCIATE AGREEMENT

(1) Definitions.

- a. "Breach" shall have the same meaning as the term "Breach" in Title XXX, Subtitle D. Sec. 13400.
- 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.
- i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 164.501 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 164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.501.
- 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, unreasonable, 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) 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, the Business Associate shall not, and shall ensure that its directors, officers, employees and agents, do 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 HITECH Act, Subtitle D, Part 1, Sec. 13402 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 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. Business Associate shall report to the designated Privacy Officer of Covered Entity, in writing, any use or disclosure of PHI in violation of the Agreement, including any security incident involving Covered Entity data, in accordance with the HITECH Act, Subtitle D, Part 1, Sec. 13402.
- b. The Business Associate shall comply with all sections of the Privacy and Security Rule as set forth in, the HITECH Act, Subtitle D, Part 1, Sec. 13401 and Sec. 13404.
- c. 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.
- d. 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)b and (3)k herein. 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 pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.
- e. 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.
- f. 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.
- g. 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.

- h. 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.
- i. 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.
- j. 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.
- k. 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 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 standard provision #10 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, and the HITECH Act as 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 and the HITECH Act.
- 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 k, the defense and indemnification provisions of section 3 d and standard contract provision #13, shall survive the termination of the Agreement.

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

Department of Health & Human Services Crotched Mt. Community Care
The State Agency Name Name of the Contractor

Sheri L Rockburn
Signature of Authorized Representative

Margaret Lins
Signature of Authorized Representative

Sheri L. Rockburn
Name of Authorized Representative

Margaret Lins
Name of Authorized Representative

Acting Associate Commissioner
Title of Authorized Representative

VP of Community Based Services
Title of Authorized Representative

12/5/13
Date

12/5/13
Date ML

NH Department of Health and Human Services

STANDARD EXHIBIT J

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:
 - a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - b. 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.

Margaret Lins

(Contractor Representative Signature)

Margaret Lins VP Community Based Services

(Authorized Contractor Representative Name & Title)

Crotched Mt Comm Care

(Contractor Name)

12/5/13

(Date)

Contractor initials: ML

Date: 12/5/13

Page # 1 of Page # 2

NH Department of Health and Human Services

STANDARD EXHIBIT J

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: _____

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: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

Name: _____

Amount: _____

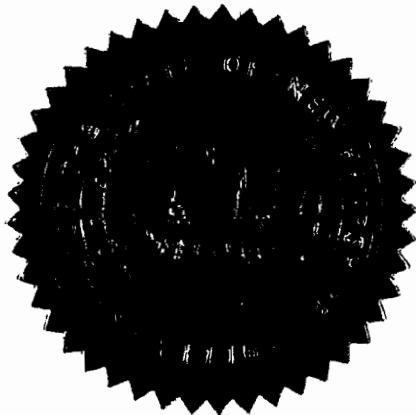
Contractor initials: MD
Date: 12/5/13
Page # 2 of Page # 2

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 CROTCHED MOUNTAIN COMMUNITY CARE, INC. is a New Hampshire nonprofit corporation formed June 6, 1986. I further certify that it is in good standing as far as this office is concerned, having filed the return(s) and paid the fees required by law.



In TESTIMONY WHEREOF, I hereto
set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 20th day of May A.D. 2013

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

(Corporation without Seal)

- I, Benjamin F. Gayman, do hereby certify that:
(Name of Clerk of the Corporation; cannot be contract signatory)
1. I am a duly elected ~~Clerk~~ of Secretary of Crotched Mountain Community Care, Inc.
(Corporation Name)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on July 7, 2000:
(Date)

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

Service link services.

RESOLVED: That the Vice President (Margaret Lins)
(Title of Contract Signatory)

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 forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 5th day of December, 2013.
(Date Contract Signed)

4. Margaret Lins is the duly elected Vice President
(Name of Contract Signatory) (Title of Contract Signatory)

of the Corporation.

BFG Secretary
(Signature of Clerk of the Corporation)

STATE OF NEW HAMPSHIRE

County of Hillsborough

The forgoing instrument was acknowledged before me this 5th day of December, 2013.

By Benjamin F. Gayman, Secretary.
(Name of Clerk of the Corporation)

Kitty Peterson
(Notary Public/Justice of the Peace)

(NOTARY SEAL)

Commission Expires: _____

KITTY L. PETERSON
NOTARY PUBLIC - NEW HAMPSHIRE
My Commission Expires October 26, 2016

Client#: 503796

CROTCMOU

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/05/2013

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 USI Insurance Services LLC PO Box 6360 Manchester, NH 03108-6360 603 625-1100	CONTACT NAME: PHONE (A/C, No, Ext): 603 625-1100 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Company NAIC # 23850 INSURER B: AIM Mutual Insurance Company 33758 INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Crotched Mountain Foundation 1 Verney Drive Greenfield, NH 03047	

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC		PHPK7001470	08/01/2013	08/01/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ca occurrence) \$200,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ☒ NON-OWNED AUTOS		PHPK7001470	08/01/2013	08/01/2014	COMBINED SINGLE LIMIT (Ca accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$10000		PHUB430281	08/01/2013	08/01/2014	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N ☒ N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	ECC60040002282013A	04/07/2013	04/07/2014	☒ WC STATUTORY LIMITS ☐ OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
A	Professional Liab		PHPK7001470	08/01/2013	08/01/2014	\$1,000,000/\$3,000,000

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

This certificate covers all operations usual and customary to the insureds business.

** Supplemental Name **

First Supplemental Name applies to all policies - Crotched Mountain Foundation

Policy# PHPK7001470 - : CMRS II, CMRS IV, CMRS-Whitefield Inc

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

NH Department of Health & Human Services Attn: Contracts Manager 129 Pleasant Street Concord, NH 03301-3857	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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DESCRIPTIONS (Continued from Page 1)

Policy# PHPK7001470 - : Crotched Mountain Community Care Inc
Policy# PHPK7001470 - : Crotched Mountain Community Services - New York
Policy# PHPK7001470 - : Crotched Mountain of NY - East Greenbush Inc
Policy# PHPK7001470 - : Crotched Mountain Rehabilitation Center Inc
Policy# PHPK7001470 - : Crotched Mountain Residential Services Inc
Policy# PHPK7001470 - : CMAT Assistive Technology Inc
Policy# PHPK7001470 - : Harry Alan Gregg Foundation
Policy# PHPK7001470 - : New Hampshire Assistive Technology Center d/b/a Atech Svcs
Policy# PHUB430281 - : CMRS II, CMRS IV, CMRS-Whitefield, Inc
Policy# PHUB430281 - : Crotched Mountain Community Care Inc
Policy# PHUB430281 - : Crotched Mountain Community Services-New York
Policy# PHUB430281 - : Crotched Mountain of NY-East Greenbush Inc
Policy# PHUB430281 - : Crotched Mountain Rehabilitation Center Inc
Policy# PHUB430281 - : Crotched Mountain Residential Services Inc
Policy# PHUB430281 - : CMAT Assistive Technology Inc
Policy# PHUB430281 - : Harry Alan Gregg Foundation
Policy# PHUB430281 - : New Hampshire Assistive Technology Ctr d/b/a Atech Services
Policy# ECC60040002282013A - : Crotched Mountain Residential Services Inc
Policy# ECC60040002282013A - : Crotched Mountain Community Care Inc
Policy# ECC60040002282013A - : Crotched Mountain Community Service New York
Policy# ECC60040002282013A - : CMRS II Inc
Policy# ECC60040002282013A - : CMRS IV
Policy# ECC60040002282013A - : CMRS Whitefield Inc
Policy# ECC60040002282013A - : Crotched Mountain of New York-East Greenbush Inc
Policy# ECC60040002282013A - : Crotched Mountain Rehabilitation Center, Inc.
Policy# ECC60040002282013A - : New Hampshire Assistive Technology Center dba Atech Services



INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Crotched Mountain Foundation and Affiliates

We have audited the accompanying consolidated financial statements of Crotched Mountain Foundation and Affiliates (the Organization), which comprise the statements of financial position as of June 30, 2013 and 2012 and the related consolidated statements of operations 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 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 of 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 circumstance, 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 consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Organization as of June 30, 2013 and 2012, and the related consolidated results of its operations, and its consolidated cash flows for the years then ended, in conformity with U.S generally accepted accounting principles.

Other Matter

Other Information

Our audits were made for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The accompanying additional information, listed in the Table of Contents, is presented for the purposes of additional analysis and is not a required part of the basic 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 audit procedures applied in the audits of the basic 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 basic consolidated financial statements taken as a whole.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
October 30, 2013

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES**Consolidated Statements of Financial Position****June 30, 2013 and 2012****ASSETS**

	2013	2012
Current assets		
Cash and cash equivalents	\$ 1,836,774	\$ 2,324,452
Accounts receivable, less allowances for doubtful accounts of \$1,280,000 in 2013 and \$1,478,000 in 2012	12,919,443	9,383,294
Bequests, pledges, and other receivables	83,303	246,667
Inventories	390,338	374,017
Prepaid expenses and other current assets	374,925	358,409
Other receivable	<u>13,410</u>	<u>41,983</u>
Total current assets	<u>15,618,193</u>	<u>12,728,822</u>
Property, plant and equipment		
Land and land improvements	4,710,860	4,675,817
Buildings and building improvements	68,702,338	67,802,135
Furniture and equipment	15,003,524	14,542,348
Motor vehicles	2,328,901	2,235,752
Construction in progress	<u>128,644</u>	<u>807,410</u>
	90,874,267	90,063,462
Accumulated depreciation	<u>(55,307,902)</u>	<u>(52,379,766)</u>
Property, plant and equipment, net	<u>35,566,365</u>	<u>37,683,696</u>
Other assets		
Restricted cash	1,659,142	1,535,338
Bond issuance costs, net of accumulated amortization	824,181	860,954
Unrestricted investments - at fair value	<u>14,849,638</u>	<u>15,104,993</u>
Total other assets	<u>17,332,961</u>	<u>17,501,285</u>
Donor-restricted assets		
Pledges receivable, net of current portion	36,891	33,996
Charitable gift annuities, at net present value	308,430	291,924
Investments - at fair value		
By donors for specific purposes	22,577,537	20,294,054
By donors for permanent endowment	<u>8,017,653</u>	<u>8,008,633</u>
Total donor-restricted investments	<u>30,595,190</u>	<u>28,302,687</u>
Total donor-restricted assets	<u>30,940,511</u>	<u>28,628,607</u>
Beneficial interests in perpetual trusts	<u>8,814,670</u>	<u>8,114,104</u>
Total assets	<u>\$108,272,700</u>	<u>\$104,656,514</u>

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

LIABILITIES AND NET ASSETS

	2013	2012
Current liabilities		
Accounts payable	\$ 1,644,895	\$ 1,471,186
Accrued salaries, wages and related taxes	1,789,747	1,605,512
Other accrued liabilities	747,475	898,424
Line of credit advance	1,560,000	1,390,000
Current portion of long-term debt	1,027,782	1,137,750
Current portion of charitable annuity liability	16,412	17,729
Due to third-party payors	<u>2,111,936</u>	<u>-</u>
Total current liabilities	<u>8,898,247</u>	<u>6,520,601</u>
Long-term debt, net of current portion	<u>31,855,574</u>	<u>32,766,923</u>
Other long-term obligations		
Fair value of interest rate swap	1,312,121	2,397,823
Charitable gift annuity liability, net of current portion	56,019	60,026
Capital advances	<u>4,729,400</u>	<u>4,729,400</u>
Total liabilities	<u>46,851,361</u>	<u>46,474,773</u>
Commitments and contingencies (Notes 5, 6, 9 and 15)		
Net assets		
Unrestricted	20,890,985	21,025,573
Temporarily restricted	23,698,032	21,033,431
Permanently restricted	<u>16,832,322</u>	<u>16,122,737</u>
Total net assets	<u>61,421,339</u>	<u>58,181,741</u>
 Total liabilities and net assets	 <u>\$108,272,700</u>	 <u>\$104,656,514</u>

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Consolidated Statement of Operations

Year Ended June 30, 2013
(With Comparative Totals for the Year Ended June 30, 2012)

	2013			2012
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Revenues and gains				
Room and board, tuition and special services, net	\$ 40,566,681	\$ -	\$ -	\$ 40,566,681
Care management/program services, net	5,749,987	-	-	5,749,987
Rental income	1,125,735	-	-	1,125,735
Other revenue	2,445,483	-	-	2,445,483
Net assets released for operations	<u>704,631</u>	<u>(704,631)</u>	<u>-</u>	<u>-</u>
Total revenues and gains	<u>50,592,517</u>	<u>(704,631)</u>	<u>-</u>	<u>49,887,886</u>
Expenses				
Salaries and wages	31,377,361	-	-	31,377,361
Benefits	7,759,224	-	-	7,759,224
Contracted services	3,519,492	-	-	3,519,492
Supplies	3,162,182	-	-	3,162,182
Household and property	2,728,316	-	-	2,728,316
Other	1,664,998	-	-	1,664,998
Interest	1,442,436	-	-	1,442,436
Nursing facility quality assessment tax	592,410	-	-	592,410
Depreciation and amortization	<u>2,964,909</u>	<u>-</u>	<u>-</u>	<u>2,964,909</u>
Total expenses	<u>55,211,328</u>	<u>-</u>	<u>-</u>	<u>55,211,328</u>
Loss from operations	<u>(4,618,811)</u>	<u>(704,631)</u>	<u>-</u>	<u>(5,323,442)</u>
Nonoperating income (expense)				
Contributions and bequests	329,137	914,482	7,692	1,251,311
Development expenses	(567,699)	-	-	(567,699)
Income (loss) from outside trusts	329,563	-	700,565	1,030,128
Investment income (loss)	1,270,926	2,476,385	1,328	3,748,639
Change in value of interest rate swap	1,085,701	-	-	1,085,701
Change in value of split interest agreements	-	20,545	-	20,545
Miscellaneous income	124,044	-	-	124,044
Gain from Forest Legacy easement	1,870,371	-	-	1,870,371
Net assets released for capital	<u>42,180</u>	<u>(42,180)</u>	<u>-</u>	<u>-</u>
Net nonoperating income (expense)	<u>4,484,223</u>	<u>3,369,232</u>	<u>709,585</u>	<u>8,563,040</u>
Increase (decrease) in net assets	(134,588)	2,664,601	709,585	3,239,598
Net assets, beginning of the year	<u>21,025,573</u>	<u>21,033,431</u>	<u>16,122,737</u>	<u>58,181,741</u>
Net assets, end of year	<u>\$ 20,890,985</u>	<u>\$ 23,698,032</u>	<u>\$ 16,832,322</u>	<u>\$ 61,421,339</u>

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

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Consolidated Statement of Operations

Year Ended June 30, 2012

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Revenues and gains				
Room and board, tuition and special services, net	\$ 39,053,247	\$ -	\$ -	\$ 39,053,247
Care management/program services, net	5,827,816	-	-	5,827,816
Rental income	1,094,767	-	-	1,094,767
Other revenue	2,681,405	-	-	2,681,405
Net assets released for operations	<u>599,411</u>	<u>(599,411)</u>	<u>-</u>	<u>-</u>
Total revenues and gains	<u>49,256,646</u>	<u>(599,411)</u>	<u>-</u>	<u>48,657,235</u>
Expenses				
Salaries and wages	29,142,414	-	-	29,142,414
Benefits	7,849,769	-	-	7,849,769
Contracted services	3,725,497	-	-	3,725,497
Supplies	2,874,692	-	-	2,874,692
Household and property	2,510,434	-	-	2,510,434
Other	1,630,923	-	-	1,630,923
Interest	1,473,696	-	-	1,473,696
Nursing facility quality assessment tax	618,291	-	-	618,291
Depreciation and amortization	<u>3,052,721</u>	<u>-</u>	<u>-</u>	<u>3,052,721</u>
Total expenses	<u>52,878,437</u>	<u>-</u>	<u>-</u>	<u>52,878,437</u>
Loss from operations	<u>(3,621,791)</u>	<u>(599,411)</u>	<u>-</u>	<u>(4,221,202)</u>
Nonoperating income (expense)				
Contributions and bequests, net of adjustments	1,357,758	746,719	(2,436)	2,102,041
Development expenses	(501,068)	-	-	(501,068)
Income (loss) from outside trusts	288,946	-	(340,313)	(51,367)
Investment income (loss)	(580,521)	(586,106)	1,519	(1,165,108)
Change in value of interest rate swap	(2,132,782)	-	-	(2,132,782)
Change in value of split interest agreements	-	28,585	-	28,585
Miscellaneous income	355,264	-	-	355,264
Net assets released for capital	<u>134,079</u>	<u>(134,079)</u>	<u>-</u>	<u>-</u>
Net nonoperating income (expense)	<u>(1,078,324)</u>	<u>55,119</u>	<u>(341,230)</u>	<u>(1,364,435)</u>
Decrease in net assets	(4,700,115)	(544,292)	(341,230)	(5,585,637)
Net assets, beginning of the year	<u>25,725,688</u>	<u>21,577,723</u>	<u>16,463,967</u>	<u>63,767,378</u>
Net assets, end of year	<u>\$ 21,025,573</u>	<u>\$ 21,033,431</u>	<u>\$ 16,122,737</u>	<u>\$ 58,181,741</u>

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

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Consolidated Statements of Cash Flows

Years Ended June 30, 2013 and 2012

	2013	2012
Cash flows from operating activities		
Increase (decrease) in net assets	\$ 3,239,598	\$ (5,585,637)
Adjustments to reconcile increase (decrease) in net assets to net cash (used) provided by operating activities		
Depreciation and amortization	2,964,909	3,052,721
Change in value of interest rate swap	(1,085,701)	2,132,782
Provision for bad debts	730,365	1,249,114
Net realized and unrealized (gains) losses on investments	(2,911,142)	2,177,281
Gain from Forest Legacy easement	(1,870,371)	-
Change in charitable gift annuities, net	(21,830)	(31,864)
Net changes in beneficial interests in perpetual trusts	(700,565)	340,313
Contributions restricted for long-term purposes	(380,520)	(100,097)
Changes in operating assets and liabilities		
Accounts receivable	(4,266,514)	(2,890,741)
Bequests, pledges and other receivables	2,895	345,747
Inventories	(16,321)	(8,469)
Prepays and other current assets	(16,516)	(49,039)
Interest receivable	28,573	(19,360)
Accounts payable	173,709	350,459
Accrued salaries, wages and related taxes	184,235	143,892
Other accrued liabilities	(150,949)	(44,119)
Due to third-party payors	<u>2,111,936</u>	<u>-</u>
Net cash (used) provided by operating activities	<u>(1,984,209)</u>	<u>1,062,983</u>
Cash flows from investing activities		
Purchases of property and equipment	(983,452)	(1,064,248)
Proceeds from Forest Legacy easement	2,182,006	-
Purchases of investments	(6,926,007)	(2,888,971)
Proceeds from sales of investments	<u>7,800,000</u>	<u>5,532,434</u>
Net cash provided by investing activities	<u>2,072,547</u>	<u>1,579,215</u>
Cash flows from financing activities		
Net transfers of restricted cash	(123,804)	(669,814)
Repayments of long-term debt	(1,160,306)	(839,963)
Net increase (decrease) in line of credit advances	170,000	(410,000)
Contributions received for long-term purposes	<u>538,094</u>	<u>100,097</u>
Net cash used by financing activities	<u>(576,016)</u>	<u>(1,819,680)</u>
Net (decrease) increase in cash and cash equivalents	(487,678)	822,518
Cash and cash equivalents, beginning of year	<u>2,324,452</u>	<u>1,501,934</u>
Cash and cash equivalents, end of year	<u>\$ 1,836,774</u>	<u>\$ 2,324,452</u>

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

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

Organization

Crotched Mountain Foundation (the Foundation) is a tax-exempt entity which provides planning, fundraising and management services for the benefit of its affiliated entities. Affiliated entities include Crotched Mountain Rehabilitation Center, Inc. (the Center), Crotched Mountain Community Care, Inc., Crotched Mountain Residential Services, Inc., CMRS II, CMRS IV, CMRS Whitefield, Inc., Crotched Mountain of New York-East Greenbush, Inc. and Sunnyfield Farms, Inc., all primarily providers of educational, residential or rehabilitative care, and care management services to physically and developmentally challenged children and adults in the Northeast United States, and New Hampshire Assistive Technology Center d/b/a ATECH Services (Assistive Technology, Education and Community Health Services), which was established to deliver evaluation, consultation, education and other assistive technology services to persons with disabilities primarily throughout New Hampshire, but not limited to a geographic area.

1. Summary of Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of the Foundation and its affiliated entities which are referred to as the Organization herein. Significant intercompany accounts and transactions have been eliminated upon consolidation.

The accounting policies that affect the more significant elements of the consolidated financial statements of the the Organization are summarized below.

Basis of Accounting

The financial statements of the Organization are prepared in conformity with U.S. generally accepted accounting principles (GAAP) applicable to not-for-profit organizations.

Fair Value of Financial Instruments

The Organization's financial instruments consist of cash and cash equivalents, accounts receivable, investments, charitable gift annuities, beneficial interests in perpetual trusts, an interest rate swap, accounts payable, accrued liabilities and debt, substantially all of which bears interest at a variable rate. Due to the uncertainty of repayment, it is not practical to estimate the fair value of capital advances. The estimated fair value of all other financial instruments approximates their carrying value at June 30, 2013 and 2012.

Cash and Cash Equivalents

Highly liquid savings deposits and debt investments, with maturities of three months or less, when purchased are considered cash equivalents.

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

Financial instruments that potentially subject the Organization to concentrations of credit risk consist principally of checking, savings and time deposit accounts with banks. These balances fluctuate during the year and can exceed the limit of Federal Deposit Insurance Corporation coverage. Management regularly monitors the financial institutions, together with their respective cash balances, and attempts to maintain the potential risk at a minimum.

Restricted Cash

Restricted cash is cash set aside for donor restricted purposes. These funds are held in a savings account with intent of protecting the Organization from times of severe market recessions.

Restricted deposits and funded reserves are also included in restricted cash. These amounts are restricted in use by the United States Department of Housing and Urban Development (HUD) in that they may only be used for the replacement of HUD project fixed assets and for the payment of taxes and insurance. Such reserves are required to be held in interest-bearing accounts.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on historical account write-off patterns by payor. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable.

In evaluating the collectability of patient accounts receivable, the Organization analyzes past results 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. Data for each major source is regularly reviewed to evaluate the allowance for doubtful accounts. For receivables relating to services provided to patients having third party coverage, the Organization records the receivable at the contractually due amount. For receivables relating to self pay patients (which includes both patients without insurance and patients with deductible and copayment balances for which third party coverage exists for part of the bill), the Organization records a provision for bad debts in the period of service based on past experience, which indicates that many patients are unable or unwilling to pay amounts 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 against the allowance for doubtful accounts.

During 2013, the Organization decreased its estimate from \$1,428,320 to \$1,280,000, in the allowance for doubtful accounts. Direct write offs increased from \$274,000 in 2012 to \$970,000 in 2013. These changes resulted from trends experienced in the collection of amounts from self pay patients.

Inventories

Inventories of supplies are carried at the lower of cost (determined by the first-in, first-out method) or market.

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

Property, Plant and Equipment

Property, plant and equipment are stated at cost or, if donated, at fair value determined at the date of donation, less accumulated depreciation. The Organization's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the life of the related assets. Depreciation is computed using the straight-line method in a manner intended to amortize the cost of the assets over their estimated useful lives.

Bond Issuance Costs

Bond issuance costs are being amortized using the straight-line method over the repayment period of the bonds.

Investments

Investments in equity securities with readily determinable fair values and all instruments in debt securities are stated at fair value. Gains and losses are determined by the specific identification method. Investment income is allocated to the related net asset classifications within the unrestricted and temporarily restricted net asset classes. On a periodic basis, the Organization evaluates its investments to determine if declines in market value below cost are other than temporary. If such declines are determined to be other than temporary, an impairment charge is recognized and included in the change in net assets.

Derivative Financial Instruments

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958-815, *Derivatives and Hedging*, requires that all derivative instruments be reported in the statement of financial position at fair value and establishes criteria for designation and effectiveness of hedging relationships. The Organization uses an interest rate swap agreement to hedge its exposure to the volatility of interest rates.

The interest rate swap is not considered a cash flow hedge. As a result, the entire unrealized loss on the interest rate swap for 2013 and 2012 has been included in the change in net assets.

Beneficial Interests in Perpetual Trusts

The Organization is the beneficiary of several irrevocable charitable perpetual trusts administered by others. The Foundation has recorded as an asset its interest in the fair value of the assets in the trusts as of June 30, 2013 and 2012, and the change in its interests in perpetual trusts for the years then ended, is included in the permanently restricted net assets section of the statements of operations.

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

Qualified Retirement Plans

The Organization has a defined contribution plan which covers substantially all of its employees who have reached age 21 and completed 1,000 hours of service within one year. No employee contributions are allowed under the plan. Each year, the employer may make a discretionary profit-sharing contribution on behalf of eligible employees. No contributions were made for the years ended June 30, 2013 and 2012. ADP serves as the trustee of the plan assets.

In addition, the Foundation sponsors a tax-deferred annuity plan covering all employees who meet certain eligibility requirements. The Foundation does not contribute to the plan.

Earned Time Benefits

The Organization has an accrued time plan to provide fringe benefits for its hourly employees. Under this plan, each employee earned paid leave for each pay period worked. These hours of paid leave may be used for vacations, holidays or illnesses. For covered employees, hours earned but not used vest with the employee. The Organization records the expected future cost of these benefits as they are earned.

Contractual Allowances

The Center is reimbursed for the cost of services rendered as determined through the provisions of various rate setting and reimbursement regulations established by certain third-party reimbursing agencies. The differences between the established billing rates and the amounts recoverable from third-party reimbursing agencies (contractual allowances) are accounted for as deductions from revenues.

Loss from Operations

The consolidated statements of operations include loss from operations. Changes in unrestricted net assets which are excluded from loss from operations include unrealized gains and losses on investments (unless losses are considered other than temporary), change in value of interest rate swap, development expenses, gain from forest legacy easement and 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).

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use has been limited by donors to a specified time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. Included in temporarily and permanently restricted net assets at June 30, 2013 and 2012 are \$5,897,228 and \$5,500,026, respectively, of funds held by the Foundation for the benefit of certain of its affiliates.

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

Donor-Restricted Contributions

Contributions are reported at fair value at the date of receipt. All gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of 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 statements of operations as net assets released due to satisfaction of donor restrictions. Restricted income and gains earned on temporarily restricted net assets are reflected in the changes in temporarily restricted net assets. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

The Organization reports gifts of furniture, fixtures and equipment as unrestricted support 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 restricted support. Absent explicit donor stipulations about how those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Self-Insurance

The Organization is fully self-insured for employee medical and dental costs. Commercial insurance has been purchased with respect to individual claims over certain dollar limits and annual aggregate claim limitations. The accrued benefits related to this plan include both claims payable and an estimated provision for claims incurred, but not yet reported.

Income Taxes

The Foundation and each affiliate have received determination letters from the Internal Revenue Service stating that they qualify for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management 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 reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

New Accounting Pronouncement

In July 2011, FASB amended ASC 954, *Health Care Entities*, to require health care entities to change the presentation of the statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, enhanced disclosures are required about the policies for recognizing revenues and assessing bad debts. The amendments also require disclosure of qualitative and quantitative information about significant changes in the allowance for doubtful accounts. The amendments to ASC 954 are effective for the Organization's year ended June 30, 2013. The 2012 financial statements have been restated for comparative purposes.

Reclassifications

Certain amounts in the 2012 financial statements have been reclassified to conform with the current year presentation.

Subsequent Events

For purposes of the preparation of these consolidated financial statements in conformity with GAAP, management has considered transactions or events occurring through October 30, 2013, which is the date that the financial statements were issued.

2. Investments

Unrestricted investments, donor-restricted investments and investments held as collateral are stated at fair value and consist of the following:

	2013	2012
Cash and cash equivalents	\$ 402,066	\$ 3,755,533
Corporate bonds	14,074,016	12,366,157
U.S. Government and agency bonds	-	1,211,541
Marketable equity securities	12,282,509	10,742,643
Domestic equity funds	4,604,134	4,298,788
International equity funds	9,925,809	7,033,018
Pooled investment fund	<u>4,156,294</u>	<u>4,000,000</u>
	<u>\$ 45,444,828</u>	<u>\$ 43,407,680</u>

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

Significant concentrations of investments include:

	2013	2012
Pimco Fund	\$ 8,443,648	\$ 6,559,025
Bartram International Fund	5,664,298	4,882,647
AQR Global Risk Premium Offshore Fund Ltd.	4,156,294	4,000,000
Columbia Funds Large Cap Growth	2,692,188	2,698,532
Mainstay Fds Tr Icap Eqty	2,704,746	2,512,281
Ascend Partners Fund II, Ltd.	2,244,472	2,172,596

The principal components of investment income (loss) for 2013 include:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Investment income	\$ 413,615	\$ 687,769	\$ 1,328	\$ 1,102,712
Net realized gains on investments	436,039	749,582	-	1,185,621
Net change in net unrealized gain (loss) on investments	604,484	1,121,037	-	1,725,521
Investment fees	(183,212)	(82,003)	-	(265,215)
	<u>\$ 1,270,926</u>	<u>\$ 2,476,385</u>	<u>\$ 1,328</u>	<u>\$ 3,748,639</u>

The principal components of investment income (loss) for 2012 include:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Investment income	\$ 508,009	\$ 789,865	\$ 1,519	\$ 1,299,393
Net realized gains on investments	170,901	258,203	-	429,104
Net change in net unrealized gain (loss) on investments	(1,069,264)	(1,537,121)	-	(2,606,385)
Investment fees	(190,167)	(97,053)	-	(287,220)
	<u>\$ (580,521)</u>	<u>\$ (586,106)</u>	<u>\$ 1,519</u>	<u>\$ (1,165,108)</u>

Unrealized losses at June 30, 2013 are shown below:

	Time Period in Loss Position				Total	
	Less Than 12 Months	12 Months or Greater				
	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>
Corporate bonds	\$ 357,781	\$ (952)	\$ 8,445,658	\$ (73,300)	\$ 8,803,439	\$ (74,252)
Marketable equity securities	859,710	(55,158)	5,978,506	(604,372)	6,838,216	(659,530)
Total temporarily impaired securities	<u>\$ 1,217,491</u>	<u>\$ (56,110)</u>	<u>\$14,424,164</u>	<u>\$ (677,672)</u>	<u>\$15,641,655</u>	<u>\$ (733,782)</u>

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

Unrealized losses at June 30, 2012 are shown below:

	Time Period in Loss Position				Total	
	Less Than 12 Months		12 Months or Greater		Fair Value	Unrealized Losses
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U.S Government and agency bonds	\$ 489,641	\$ (1,690)	\$ 823,774	\$ -	\$ 1,313,415	\$ (1,690)
Corporate bonds	488,033	(4,173)	283,077	(10,699)	771,110	(14,872)
Marketable equity securities	<u>7,521,060</u>	<u>(122,359)</u>	<u>5,237,842</u>	<u>(1,789,738)</u>	<u>12,758,902</u>	<u>(1,912,097)</u>
Total temporarily impaired securities	<u>\$ 8,498,734</u>	<u>\$ (128,222)</u>	<u>\$ 6,344,693</u>	<u>\$ (1,800,437)</u>	<u>\$14,843,427</u>	<u>\$ (1,928,659)</u>

Investments in general are exposed to various risks, such as interest rates, credit, and overall market volatility. As such, it is reasonably possible that changes could materially affect the amounts reported in the statements of financial position and statements of operations. Investments are periodically reviewed for impairment to determine if such declines are other than temporary. Investments were evaluated for impairment in 2013 and 2012. For the years ended June 30, 2013 and 2012, no unrealized losses were determined to be other than temporary.

3. Fair Value Measurements

FASB ASC 820, *Fair Value Measurement*, defines fair value, establishes a framework for measuring fair value in accordance with GAAP, and expands disclosures about fair value measurements.

FASB ASC 820-10-20 defines fair value as the exchange price that would be received for an asset or paid for a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820-10-20 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 standard describes three levels of inputs that may be used to measure fair value.

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

Level 2: Significant other 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 the Organization's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

Assets and liabilities measured at fair value on a recurring basis are summarized below.

Fair Value Measurements as of June 30, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Assets			
Investments			
Money market accounts	\$ 402,066	\$ -	\$ 402,066
Corporate bonds	-	14,074,016	14,074,016
Marketable equity securities	12,282,509	-	12,282,509
Domestic equity funds	-	4,604,134	4,604,134
International equity funds	-	9,925,809	9,925,809
Pooled investment fund	-	4,156,294	4,156,294
Total investments	12,684,575	32,760,253	45,444,828
Charitable gift annuities	-	308,430	308,430
Beneficial interests in perpetual trusts	-	8,814,670	8,814,670
Liabilities			
Charitable gift annuity	-	72,431	72,431
Interest rate swap	-	1,312,121	1,312,121

Fair Value Measurements as of June 30, 2012:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Assets			
Investments			
Money market accounts	\$ 3,755,533	\$ -	\$ 3,755,533
Corporate bonds	-	12,366,157	12,366,157
U.S. Government and agency bonds	1,211,541	-	1,211,541
Marketable equity securities	10,742,643	-	10,742,643
Domestic equity funds	-	4,298,788	4,298,788
International equity funds	-	7,033,018	7,033,018
Pooled investment funds	-	4,000,000	4,000,000
Total investments	15,709,717	27,697,963	43,407,680
Charitable gift annuities	-	291,924	291,924
Beneficial interests in perpetual trusts	-	8,114,104	8,114,104
Liabilities			
Charitable gift annuity	-	77,755	77,755
Interest rate swap	-	2,397,823	2,397,823

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

The fair value of financial instruments 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. Fair value is best determined based upon quoted market prices. However, in certain instances, there are no quoted market prices for the Organization's various financial instruments. In cases where quoted market prices are not available, fair values are based on estimates using present value or other valuation techniques. Those techniques are significantly affected by the assumptions used, including the discount rate and estimates of future cash flows. Accordingly, the fair value estimates may not be realized in an immediate settlement of the instrument.

The fair value for Level 2 assets is primarily based on market prices of comparable or underlying securities, interest rates, and credit risk, using the market approach for the Organization's investments, charitable gift annuities, and beneficial interests in perpetual trusts, and the income approach for the interest rate swap. Those techniques are significantly affected by the assumptions used, including the discount rate and estimates of future cash flows. Accordingly, the fair value estimates may not be realized in an immediate settlement of the instrument.

4. Line of Credit Agreement

As of June 30, 2013 and 2012, the Center had available a \$2,000,000 line of credit with a bank, maturing February 28, 2014. Interest accrues on the line at an adjustable rate equal to two and one-half basis points above the One Month LIBOR (3.00% at June 30, 2013). The balance outstanding under the line of credit arrangement at June 30, 2013 and 2012 was \$1,560,000 and \$1,390,000, respectively. The line of credit is collateralized by substantially all assets of the Center. The line of credit agreement contains certain covenant requirements related to the Center's financial position and operating results. The Center was in compliance with these requirements as of June 30, 2013 and 2012.

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

5. Long-Term Debt

Long-term debt consists of the following:

	2013	2012
New Hampshire Health and Education Facilities Authority (NHHEFA) Series 2010 revenue bonds; interest payable monthly at a variable rate, plus principal, on the first of each month; matures December 1, 2030.	\$28,291,986	\$28,995,990
State of New Hampshire State Revolving Fund Loan; principal and interest payable in annual installments ending March 2030; interest rate determined annually based on the lower of 3.744% or 80% of the established 11 General Obligation Bond Index published the first week of the month of October before the payment date. The note is collateralized by an interest in real property located in Greenfield, New Hampshire and other security instruments.	3,757,372	3,910,745
9.25% mortgage loan to HUD, principal and interest of \$8,266 payable monthly, due January 2023. The note is collateralized by real estate.	628,871	667,904
Variable rate mortgage loan bearing interest at the 30-day LIBOR rate plus 2% (6.99% at June 30, 2013) to Bank of America, principal of \$1,563 plus interest due monthly; repaid in 2013.	-	193,750
Various vehicles or equipment or long-term borrowings on vehicles or equipment with maturity dates ranging from 2014 through 2018 and rates between 0% and 5.94%.	<u>205,127</u>	<u>136,284</u>
	32,883,356	33,904,673
Less current portion	<u>1,027,782</u>	<u>1,137,750</u>
	<u>\$31,855,574</u>	<u>\$32,766,923</u>

Aggregate annual principal payments required under the various loan agreements are as follows:

2014	\$ 1,027,782
2015	1,044,000
2016	1,078,000
2017	1,096,000
2018	79,000
Thereafter	28,558,574

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

On November 30, 2010, the Center refinanced its Series 2006 revenue bonds with Series 2010 revenue bonds, both of which were financed through NHHEFA. The Series 2010 revenue bonds consist of \$30,000,000 tax-exempt, variable rate revenue bonds due in monthly principal payments, which increase on an annual basis, ranging from \$55,054 in 2011 to \$126,988 in 2030, with a final balloon payment of \$9,423,544 due at maturity on December 1, 2030. The variable interest rate at June 30, 2013 and 2012 was 2.13% and 2.16%, respectively.

On November 30, 2010, the Center entered into an interest rate swap agreement, which effectively fixes the interest rate on the new bond agreement at 4.145%. As of June 30, 2013 and 2012, the Center recorded a liability of \$1,312,121 and \$2,397,823, respectively, in the statements of financial position related to the interest rate swap agreements. As of June 30, 2013 and 2012, the variable interest rate applicable to the interest rate swap matched the variable interest rate of the Series 2010 bonds. Gains (losses) of \$1,085,701 and \$(2,132,782) were recorded during 2013 and 2012, respectively, in the statements of operations representing the change in fair value of the interest rate swap during the periods. The counterparty to the interest rate swap agreement is a major financial institution which also participates in the Center's bank credit facilities. The Center is exposed to credit risk equal to the net amount receivable under the swap agreement, not the notional amount, in the event of nonperformance of the counterparty. Credit loss from the counterparty nonperformance is not anticipated. The notional amounts of the swap agreement were \$28,291,986 and \$28,995,990 at June 30, 2013 and 2012, respectively. The notional value declines in amounts which match the reduction of the outstanding bonds.

The Foundation has guaranteed certain debt of the Center aggregating \$28,291,986 and \$28,995,990 as of June 30, 2013 and 2012, respectively, through a pledge of gross receipts and an assignment of certain unrestricted investments.

The Center and its affiliates, including the Foundation, are required, on a consolidated basis, to comply with certain financial and nonfinancial debt covenants related to its bonds payable. The Center and its affiliates were in compliance with these requirements as of June 30, 2013 and 2012.

6. Capital Advances

HUD, subject to the terms of mortgage agreements, has made advances to certain of the Foundation's affiliates through capital advance grants under Section 811 of the National Affordable Housing Act (Section 811) in an aggregate amount of \$4,729,400 at June 30, 2013 and 2012. The capital advances bear no interest and are not required to be repaid so long as the housing remains available to eligible, low income households for the elderly or permanently disabled for a period of 40 years, through July 2037, in accordance with the guidelines under Section 811. The capital advances are also collateralized by mortgages on the related properties. Failure to keep the housing available to low income households for the elderly or permanently disabled would result in HUD's billing the Organization for the entire capital advance outstanding plus interest since the date of the first advance.

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

7. Room and Board, Tuition and Special Services Revenue

The Center charges its patients for room and board, tuition and other special services. Certain charges are discounted to the estimated net realizable amounts expected to be received from patients and third-party reimbursing agencies. Net room and board, tuition and special services revenue of the Center for the years ended June 30, 2013 and 2012 is comprised as follows:

	2013	2012
Room and board	\$27,852,841	\$26,686,280
Tuition	10,056,700	9,881,010
Special services	3,813,848	3,876,186
Less: Provisions for bad debts	<u>(730,365)</u>	<u>(1,249,114)</u>
	40,993,024	39,194,362
Less contractual allowances and provision for free services	<u>(426,343)</u>	<u>(141,115)</u>
	<u>\$40,566,681</u>	<u>\$39,053,247</u>

8. Volume of Business Concentration

The Center's operations depend heavily on certain contracts with federal and state governmental agencies and municipal school systems. Changes in reimbursement methodology could have a significant impact on the Center's operations. Credit is extended without collateral.

Gross revenue by payor is as follows:

	2013	2012
Medicaid/Medicare	20 %	20 %
Municipal school systems	48	48
Other third-parties	5	5
Private pay	4	4
Other	<u>23</u>	<u>23</u>
	<u>100 %</u>	<u>100 %</u>

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

Accounts receivable is comprised of the following:

	2013	2012
Medicaid/Medicare	43 %	29 %
Municipal school systems	27	29
Other third-parties	6	12
Private pay	7	14
Other	17	16
	<u>100 %</u>	<u>100 %</u>

9. Commitments and Contingencies

Medical Malpractice Insurance

The Organization maintains medical malpractice insurance coverage on a claims-made basis. The Organization is subject to complaints, claims, and litigation due to potential claims which arise in the normal course of business. Generally accepted accounting principles require the Organization to accrue the ultimate cost of malpractice claims when the incident that gives rise to claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. The Organization has evaluated its exposure to losses arising from potential claims and determined no such accrual is necessary at June 30, 2013. The Organization intends to renew coverage on a claims made basis and anticipates that such coverage will be available in future periods.

Health and Dental Benefits

The Organization sponsors a health and dental benefit plan for its employees and the employees of its affiliates. The plan is primarily self-insured; however, the Foundation maintains a re-insurance policy for coverage of annual claims in excess of \$100,000 per individual with aggregate coverage at a minimum attachment point of approximately \$6.7 million. The aggregate is calculated based upon expected claims which varies depending upon enrollment. At June 30, 2013 and 2012, the Foundation has accrued estimated losses on incurred but not reported claims of approximately \$470,000. Total expense under the plan was approximately \$4.3 million and \$4.8 million in 2013 and 2012, respectively.

Litigation

The Organization is involved in litigation and regulatory investigations arising in the normal course of business. After consultation with legal counsel, management estimates these matters will be resolved without a material adverse effect on the Foundation's future financial position or results of operations.

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

10. Volunteer Services (unaudited)

Total volunteer service hours received by the Center in 2013 and 2012 were approximately 3,800 and 9,700, respectively. The volunteers provide various services to the Center, none of which have been recognized as revenue or expense in the statements of operations.

11. Nursing Facility Quality Assessment Tax

The New Hampshire Legislature enacted a quality assessment tax on revenues derived from nursing care services. The tax rate in effect at June 30, 2013 and 2012 was 5.5%. The total tax assessed for the Center was \$592,410 and \$618,291 for the years ended June 30, 2013 and 2012, respectively.

12. Restricted Net Assets

Temporarily restricted net assets are available for the following purposes:

	2013	2012
Program support	\$17,556,382	\$15,383,593
Sunnyfield Farm	322,112	382,348
Accessible recreation trail	142,321	111,837
Center for excellence	830	3,334
James E. Chandler swimming pool	122,081	117,308
Affordable housing planning	86,602	83,408
Strategic planning	327,632	315,551
Support for New England natives	296,059	250,509
Arts and crafts program	232,440	207,221
Capital acquisitions	<u>4,611,573</u>	<u>4,178,322</u>
	<u>\$23,698,032</u>	<u>\$21,033,431</u>

Income on permanently restricted net assets is available for the following purposes:

	2013	2012
Capital expenditures	\$ 829,379	\$ 825,299
Program support	15,154,053	14,451,395
Support for New England natives	274,431	271,584
Arts and crafts program	74,459	74,459
Medical director	<u>500,000</u>	<u>500,000</u>
	<u>\$16,832,322</u>	<u>\$16,122,737</u>

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

13. Endowment

The Foundation's endowment consists of 16 individual funds established for a variety of purposes. 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 funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law

The Foundation has interpreted the State of New Hampshire Uniform Prudent Management of Institutional Funds Act (the Act) which became effective July 1, 2008, as requiring the preservation of the contributed value of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Foundation classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) 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 the endowment assets earn investment returns beyond the amount necessary to maintain the endowment assets contributed value, that excess is available for appropriation and, therefore, classified as temporarily restricted net assets until appropriated by the Board for expenditure. Funds designated by the Board of Directors to function as endowments are classified as unrestricted net assets.

In accordance with the Act, the Foundation 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
- (7) The investment policies of the organization.

Spending Policy

The Foundation has a policy of appropriating a fixed distribution each year as approved by the Board of Directors. In establishing this policy, the Foundation considered the long-term expected return on its endowment. This is consistent with the Foundation's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment. Distributions in the amount of \$2,000,000 and \$1,000,000 were allocated for spending in the years ended June 30, 2013 and 2012, respectively.

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

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 Foundation to retain as a fund of perpetual duration. There were no such deficiencies as of June 30, 2013 and 2012.

Return Objectives and Risk Parameters

The Foundation 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 Foundation must hold in perpetuity or for a donor-specified period as well as board-designated funds. 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 Foundation 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 Foundation 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:

	June 30, 2013			<u>Total</u>
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	
Donor-restricted and board designated endowment funds	<u>\$ -</u>	<u>\$21,492,568</u>	<u>\$ 8,017,653</u>	<u>\$29,510,221</u>

	June 30, 2012			<u>Total</u>
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	
Donor-restricted and board designated endowment funds	<u>\$ 500,219</u>	<u>\$19,159,875</u>	<u>\$ 8,008,633</u>	<u>\$27,668,727</u>

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

The Organization had the following endowment related activities for the years ended June 30, 2013 and 2012, respectively.

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, June 30, 2012	\$ 500,219	\$19,159,875	\$ 8,008,633	\$27,668,727
Investment return:				
Investment income	96	610,249	1,328	611,673
Net appreciation (realized and unrealized)	<u>-</u>	<u>1,822,902</u>	<u>-</u>	<u>1,822,902</u>
Total investment return	96	2,433,151	1,328	2,434,575
Contributions/transfers	-	2,309	7,692	10,001
Appropriation of endowment assets for expenditures	<u>(500,315)</u>	<u>(102,767)</u>	<u>-</u>	<u>(603,082)</u>
Endowment net assets, June 30, 2013	\$ <u>-</u>	\$ <u>21,492,568</u>	\$ <u>8,017,653</u>	\$ <u>29,510,221</u>
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, July 1, 2011	\$ -	\$19,767,123	\$ 8,009,550	\$27,776,673
Investment return (loss):				
Investment income	219	697,409	1,519	699,147
Net appreciation (realized and unrealized)	<u>-</u>	<u>(1,215,399)</u>	<u>-</u>	<u>(1,215,399)</u>
Total investment return (loss)	219	(517,990)	1,519	(516,252)
Contributions/transfers	500,000	2,436	(2,436)	500,000
Appropriation of endowment assets for expenditures	<u>-</u>	<u>(91,694)</u>	<u>-</u>	<u>(91,694)</u>
Endowment net assets, June 30, 2012	\$ <u>500,219</u>	\$ <u>19,159,875</u>	\$ <u>8,008,633</u>	\$ <u>27,668,727</u>

The Foundation also has beneficial interests in perpetual trusts which are administered by a third party and are not included in this endowment table. The value of the trusts as of June 30, 2013 and 2012 is \$8,814,670 and \$8,114,104, respectively.

CROTCHED MOUNTAIN FOUNDATION AND AFFILIATES

Notes to Consolidated Financial Statements

June 30, 2013 and 2012

14. Functional Expenses

The Organization primarily provides educational, residential or rehabilitative care and care management services to physically and developmentally challenged children and adults. Functional expenses related to providing these services are as follows:

	2013	2012
Program services	\$48,239,192	\$45,190,864
General and administrative	<u>6,972,136</u>	<u>7,687,573</u>
	55,211,328	52,878,437
Development	<u>567,699</u>	<u>501,068</u>
	<u>\$55,779,027</u>	<u>\$53,379,505</u>

15. Housing Assistance Payments Contract

Subsidy rental payments are received from HUD on a monthly basis under a Housing Assistance Payments Contract. The Organization is subject to operating and accounting procedures as prescribed by HUD and outlined in a Regulatory Agreement, including required deposits to restricted reserves and operating escrows.

16. Cash Flow Information

Supplementary cash flow and noncash activity information is as follows:

	<u>2013</u>	<u>2012</u>
Acquisition of equipment through long-term borrowings	\$ <u>138,989</u>	\$ <u>131,768</u>
Cash paid during the year for interest	\$ <u>1,458,605</u>	\$ <u>1,618,705</u>

17. Forest Legacy Easement

On September 20, 2012 the Organization granted a conservation easement on 1,260 acres of land, owned by the Organization, to the State of New Hampshire in exchange for approximately \$2 million in unrestricted cash. The conservation easement allows the general public to use the land for recreation. The net gain recognized in the 2013 was \$1,870,371.

Mission Statement

The mission of Crotched Mountain Community Care, Inc is to provide quality support, advocacy, and community connections to residents of New Hampshire, including care givers, their family members, and individuals who are seeking to achieve and maintain a safe and healthy lifestyle at home in their community

CMF BOARD OF TRUSTEES – 2013-2014 (revised 10.8.2013)

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CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Margaret Lins	Vice Pres of Community Care	\$87,500	0	0

MARGARET A. LINS

PROFESSIONAL WORK EXPERIENCE:

September 1998 – Present: Crotched Mountain, 1361 Elm Street, Manchester, NH

Position – Vice President Senior Services and Community Health

Overall responsibility of operations for Crotched Mountain Community Care (CMCC), a care management program for the elderly and chronically ill adults. This program offers care coordination and monitoring to maintain independence in the community and avoid nursing home placement.

Assure that all programs and services are operated in compliance with applicable state and federal regulations, and that the services offered to consumers meet the highest quality standards promulgated by the licensing authorities.

Accountable for the operating budget of CMCC. Development of short and long range planning goals relative to CMCC growth objectives, program enhancements and other issues relating to the integrity of the services offered.

December 1994 – September 1998: Crotched Mountain Community Care

30 Maplewood Ave., Portsmouth, NH

Position – Program Director

Planned, organized and administered the case management function of the Home and Community Based Care Program for the Elderly and Chronically Ill (HCBC-ECI) in the greater Rockingham County region. Assured compliance with all state and federal rules and regulations involved with this wavier program. Developed and implemented procedures and practices that assure compliance with the corporate philosophy, policies, operational procedures, action plans, and performance mandates, monitoring compliance and implementing necessary corrections.

Supervised nine staff consisting of RN's, MSW's and support staff. Reviewing with them the development of individual plans of care and implementation for the clients served. These plans were developed considering the current life situation of the client including medical, social, spiritual and material areas.

January 1994 – January 1999: Clipper Nursing Home of Portsmouth

Position: per Diem staff RN

Covered a unit of the facility passing medication and overseeing direct care by Certified Nursing Assistants to 64 residents. Worked, on average, one shift per week during this time period.

REBECCA MAY

EMPLOYMENT

2005-Present **ServiceLink Resource Center – Rockingham County**

– **Program Director**

- Direct program for older adults, adults with disabilities and family caregivers.
- Manage a team process within the Resource Center and foster a cooperative working environment between Resource Center staff, on site team members and designated community long-term care providers.
- Responsible for overall site operations and team process management, including performance measurement, management of subcontracts, public education, public awareness, community and provider relations, program review and quality oversight
- Develop, direct and implement public relations and communications strategies to support increased public awareness
- Liaison with community and state agencies

2000-2005 **Strafford Network**

Rochester, NH

Executive Director

- Facilitate efforts of cooperation and collaboration among Network member agencies
- Pursue funding opportunities on behalf of the Network
- Oversee and monitor planning process
- Develop public support of collaborative projects facilitated by Strafford Network
- Manage financial operations and agency budget

ServiceLink Resource Center – *Director*

- Facilitate increased number of services and programs made available to seniors, adults with disabilities and family caregivers
- Manage a team process within the Resource Center and foster a cooperative working environment between Resource Center staff, on site team members and designated community long-term care providers
- Develop, direct and implement public relations and communications strategies to support increased public awareness
- Liaison with community and state agencies

REBECCA MAY

1998-2000 **A Safe Place**

Portsmouth, NH

Domestic Violence Program Specialist

- Collaborated with Division of Children, Youth & Families staff to coordinate services for domestic violence victims where allegations of child abuse/neglect have been made
- Participated in DCYF court hearings and administrative reviews
- Provided case consultation to the Division of Family Assistance, Child Support Services and Elderly and Adult Services
- Structured job duties between four office sites
- Provided education and training on domestic violence and its effects on children to local agencies
- Coordinated and participated in agency management

EDUCATION

1981 – 1986 Hood College

Frederick, MD

BA – Psychology with a Concentration in Gerontology

2008-2010 Chaplaincy Institute of Maine

Portland, ME

Ordained as Interfaith Chaplain – June 2010

ADDITIONAL TRAINING

Grantsmanship Training Program, March 2001

Institute for Nonprofit Management, October 2001-May 2002

Intermediate QuickBooks, October 2002

References available upon request

CONSTANCE M. YOUNG

PROFESSIONAL EXPERIENCE

2000 – Present

Rockingham County ServiceLink

Salem, NH

Program Director

- Develop, implement and manage program for older adults, adults with disabilities and family caregivers.
- Recruit, train, and supervise staff and volunteers.
- Provide daily management and leadership of program staff and volunteers in conjunction and consultation with the Advisory Board, to maintain sufficient resources affording high quality services to consumers.
- Counsel, assess and educate consumers on issues of aging, chronic illness, disability and caregiving.
- Organize, facilitate and provide public education on subject matter of interest to consumers.
- Develop, direct and implement public relations and communication strategies to establish and heighten awareness of program.
- Advance collaborative relationships with community and state agencies, organizations, business and individuals.
- Develop, manage, and monitor agency budgets.
- Identify and pursue funding opportunities.

1986 – 2000

Rockingham Community Action

Salem, NH

Outreach Center Director

Fuel Assistance Intake Manager and Certifier

- Direct and plan operations and programs for two outreach centers that provide service to twelve communities.
- Recruit, hire, train and supervise staff, student interns, and volunteers.
- Provide advocacy for clients with town officials, landlords and vendors; authorize all payments for emergency assistance.
- Compile and monitor program statistics program.
- Develop and manage budgets for multiple programs.
- Organize and plan activities to obtain grants from local, state, federal, and private sources.
- Prepare reports as needed for municipal funding, grantors, and others.
- Participate on strategic planning team responsible for the development of a coordinated service delivery system.
- Identify changing and unmet needs and develop strategic plans to provide more effective and efficient service and support.
- Develop, enhance and maintain positive relations with community and civic organizations and businesses.

CONSTANCE M. YOUNG

1998-1999

New Hampshire College

Salem, NH

Administrative Assistant

- Provide administrative support and service to faculty and academic advisors.
- Address inquiries, schedule appointments, provide course selection and prerequisite information to enrolled and prospective graduate and undergraduate students.
- Assist with daily office functions and maintenance of student and faculty files.
- Receive and process payments; reconcile and report daily payment receipts and make bank deposits.

February-June 1998 Central Catholic High School

Lawrence, MA

Alumni and Development Assistant

- Coordinate, schedule, and motivate students, parents, and alumni telemarketers for two major fund raising campaigns.
- Compile daily pledge results and report progress to the Alumni Director and any other information pertinent to the continued success of the campaign and the academic community.

EDUCATION

Merrimack College
North Andover, MA

Bachelor of Art
Political Science

PROFESSIONAL CERTIFICATION

- October 2006- Present Certified Information and Referral Specialist for Aging (CIRS-A)

ADDITIONAL PROFESSIONAL ACTIVITIES

- ServiceLink ADRC Association – President 2012 - Present
- Southern NH Elder Wrap Around Team - Facilitator
- NH Senior Leadership Series Graduate
- New Hampshire Statewide Suicide Prevention Council – 2006-2011
- Greater Salem NH Chamber of Commerce – Non-profit and Scholarship Committees
- Leadership Greater Salem, Greater Salem NH Chamber of Commerce

Kelly A. (Brough) Mann, M.S.

• OBJECTIVE

Obtain a position working within a public human services system using my management skills, communication skills, organization, public relations, crisis intervention, supervisory skills, strategic plan, networking, marketing, and collaborative effort.

• WORK HISTORY

2/2011-present ServiceLink Resource Center, Long Term Support Counselor:

Provide Options Counseling to individuals, families, providers, and community regarding Medicare, Medicaid, and community programs that can provide support to elders and or adults with disabilities.

10/2008-4/2011 Wentworth Douglass Hospital, Medical Social Worker II:

Responsible for Emotional support provided to patients, guests, families, and staff. Education around Medicare benefits, commercial insurance benefits, Medicaid Benefits and financial assistance programs. Responsible for assisting patients with understanding/completing Advance Directives for Healthcare, homelessness, grief, hospice, domestic violence, sexual assault, mental illness, addiction, prescription assistance, transportation

4/2003 – 10/2008 Lakes Region General Healthcare, Emergency Department Social Work Care Manager

Primary responsibility is to provide social work coverage to Emergency Department staff and patients. Responsibilities in the Emergency Department include, but are not limited, to the following: working with families regarding grief, loss, trauma, domestic violence, sexual assault, fetal demise, child abuse, elder abuse, geriatric issues, advance directives, P.C.P. referrals, financial assistance referrals, prescription assistance, homelessness, locating/contacting family members in emergency situations, behavior management, and psychological assessments. Also responsible for being on call and training new on call per diem staff. Secondary responsibility is to provide in-patient social work coverage to individual units. I often assist R.N. care managers with difficult placement issues, facilitating family meetings and patient care plans, assist with meeting Medicare guidelines, and patient guardianship issues. My job entails working hand in hand with several other departments such as Security, Risk Management, Patient Access, Physician Practices, Nursing Staff, and Administration.

9/2006 – 5/2012 New Hampshire Community Technical College-Laconia Campus

Adjunct faculty member in the Human Services curriculum. I taught Introduction to The Human Services Profession. This is the introductory course for new students entering the department. I also teach The Aging Process course. Both of these courses attract non-traditional students. I clearly recognized that students had many educational opportunities and found that the more interested and Involved they are the more likely they are to continue their education. Student retention is highly valued especially in the role of teaching an introductory course.

4/2005 – 4/2007 Genesis Behavioral Health-Emergency Services

I am a per diem Emergency Services Clinician responsible for the following: Responding to the 24 hour emergency phone hotline, completing mental health evaluations in the local emergency rooms,

completing Involuntary Emergency Admissions as needed for patient and community safety, and maintaining documentation in an accurate and timely manner.

/1992 - 4/2003 Rolfe and Rumford Home

Senior staff member and staff supervisor in residential setting working with adolescent girls. Served as a positive role model for 12 females from local dysfunctional families. Encouraged and taught high school juniors and seniors how to work with financial aid, awards, and scholarship letter writing. Responsibilities included weekly counseling, recreational activities, residential care, maintaining a safe and secure environment for both residents and staff, provide transportation, tutoring, and assisting girls in creating their own healthy goals and boundaries. Responsible for reporting on a monthly basis to D.C.Y.F. Coordinated quarterly treatment plan meetings, reported directly to courts in which the residents' cases were represented.

7/1999 – 9/2001 State of New Hampshire DCYF, Child Protection Assessment Worker/Juvenile Probation and Parole Officer

Responsible for investigating reports of child abuse and neglect. I was promoted to Juvenile Probation and Parole. As an officer, my responsibilities were not limited to but included: protecting the communities in which I worked, activity checks, working with school administrators, legal prosecution, reporting to the judge, maintaining weekly contact with juveniles both on probation and parole, completing pre dispositional investigations, maintaining clear communication with providers and family members involved with clients, and maintaining confidentiality within small communities.

?/1998 – 7/1999 YWCA of Greater Manchester, Girl's Program Center Coordinator

Responsibilities included: supervising up to nine staff members, facilitating staff training, 53 program participants, statistics, NH childcare licensing regulations, developing and improving current experiential education program, member of the Manchester Childcare Licensing Committee, **Interim Teen Coordinator for approximately six months.

• EDUCATION

M.S. in Human Services Administration/Counseling & Community Building – Springfield College – December 1998

B.S. in Recreation & Criminal Justice – Northern Michigan University – May 1997

A.S. in Human Services/Mental Health – New Hampshire Technical Institute – May 1993

DONNA T. LEITNER

OBJECTIVE

Obtain a position of responsibility where past experience, skills and education will be utilized.

EDUCATION

Legal Assistant Courses, Mattatuck Community College
Waterbury, Connecticut

STEP Program, School of Social Work, University of Connecticut
West Hartford, Connecticut

Bachelor of Science in Social Work, Southern Connecticut State University
New Haven, Connecticut

EXPERIENCE

Rockingham County ServiceLink Resource Center, Salem, New Hampshire

Long Term Support Counselor 2006-Present

Offers full range of long term support counseling for the elderly, disabled adults and their caregivers. Performs comprehensive needs assessments. Develops care plan using person centered thinking tools and techniques. Assists in coordinating short-term support services and provides limited case management. Screens for clinical and financial eligibility requirements for state and federal programs. Guides the individual and their family through the phases of public benefit applications. Provides options counseling and decisional support when assisting consumers considering long term care choices. Conducts public education forums. Obtained training in Methods, Models and Tools; Person Centered Thinking; taken on-line classes through BU Institute on Aging and Disability; and is SHIP and AIRS certified. Has and continues to participate in workgroups for the development of options counseling guidelines and certification of long term care counselors.

Portsmouth Housing Authority, Portsmouth, New Hampshire

Director of RSVP Program 2004-2006

Directed and coordinated all activities involved with administering the Retired Senior Volunteer Program. Designed and implemented volunteer programming. Recruited, interviewed and supervised all volunteer activities. Engaged volunteers in activities to meet goals established by federal and other funding sources. Offered recognition for volunteer efforts. Developed relationships with community partners. Supervised and trained staff within program. Sought and maintained compliance with federal, state, county and other funding sources. Promoted organization within community. Oversaw all recordkeeping processes.

DONNA T. LEITNER

Community Caregivers of Greater Derry, Derry, New Hampshire.

Co-Director 1993-2004

Coordinated day to day operations of agency. Represented and promoted mission of agency via participation in community groups, media events and public functions. Recruited, interviewed, and supervised all volunteer functions within agency. Assessed clients, matched with volunteers and monitored all client activity. Developed a caregiving lecture series for community education. Collaborated with several community agencies to organize a Senior Health Fair. Devised and updated volunteer and client forms. Tracked volunteer hours, client demographics and other pertinent statistics. Acted as a referral source for clients, volunteers and public. Responsible for reports to funding sources.

New Hampshire Job Training Council, Concord, New Hampshire.

Summer Youth Program Liaison 1992-1992

Collaborated with site managers, schools and community agencies to distribute applications and procure necessary documentation for eligibility certification. Provided instruction and clarification to schools, applicants and families concerning the application process. Developed responsive working relationships with site managers to ensure contract compliance in areas such as job placement, labor laws and testing procedures.

State of Connecticut Dept. of Labor, Meriden, Connecticut.

Employment Counselor 1987-1991

Evaluated education, work history, abilities, interests, physical capabilities, and other relevant factors to formulate an employability plan. Provided information about occupations, job training and support services available in the community. Implemented Federal and State contract programs including JTPA and TRA. Coordinated and conducted vocational workshops for Dept. of Health and Human Service.

Middlesex Memorial Hospital, Middletown, Connecticut.

Medical Social Worker 1980-1986

Assisted with the development and implementation of survey to assess social/economic needs of elderly patients. Identified psycho-social problems, provided early intervention and crisis-oriented treatment in conjunction with hospital staff and family members. Monitored coordination of effective care plan following hospital discharge through home visits and community network. Aided patients and family members with Medicare claims, Title 19 applications, Social Security concerns and Probate Court process. Trained and supervised students and volunteers affiliated with the elderly program. Coordinated counseling efforts with other programs such as EAP, Hospice and VNA Homecare. Organized and conducted speaking engagements for Family Practice residents, Nursing students and community. Participated in several advisory committees including Portland VNA and Middlesex Adult Day Care.

Objective Acquire a full time social work position working with solution focused and strengths based model of treatment.

Experience

Information & Referral/Family Caregiver Specialist
6/4/2007 to present

Increased family caregiver participation in the New Hampshire Family Caregiver Respite Grant Program (NHFCG) three fold in under one year

- Provided seniors and disabled adults with needed information and referrals to improve quality of life
- Facilitated Caregiver Support Group for family members
- Used Powerful Tools Certification to teach caregiver classes

Client Services Specialist/Site Supervisor
2006-2007 Rockingham Community Action, Raymond, NH

- Developed program policies/procedures safety and administrative functions for the start up of a new after school program for children in grades 5th-8th
- Assisted Outreach Director with all aspects of supervising the day to day operations of the Outreach Center
- Provided direct client services for clients in need

Family Support Worker/Volunteer Coordinator
2002-2006 Families First, Portsmouth, NH

- Assisted in helping families at risk to meet their basic needs such as food, housing, shelter, medical care and family education
- Provided supportive counseling
- Maintained monthly reports/progress notes for Division of Children, Youth & Family
- Increased volunteer participation from 50 upon hire to over 200 saving the Agency thousands of dollars
- Developed policies/procedures and created a Volunteer Manual
- Became a Certified "Parents As Teachers" staff
- Did company orientations/tours for new interns and volunteers

Family Support Worker II
2001-2002 KidsPeace New England Community Services, York, ME

- Worker with open DCYF cases providing supervision, assessment, counseling and behavior management to supported families and specialized foster families
- Maintained Individual Service Plans monthly narrative reports, safety home checks, medication administration reports and client records

Education

Bachelor of Professional Studies/Behavioral Sciences, USNH, Durham, NH

- BPS/Graduated Magna Cum Laude

Patti Fredette

EXPERIENCE:

May 2002 – present I & R / Medicare Specialist, Rockingham County ServiceLink

Coordinate supports and services to assist the elderly, adults with disabilities and family caregivers in Rockingham County.

- Assist with program operations as requested by the ServiceLink director
- Increase awareness of available services and community supports and assist clients in connecting to those resources
- Counsel clients on issues related to health insurance, including understanding their benefits and billing statements, filing appeals, applying for benefits and programs and health care fraud awareness.
- Provide assistance to clients by assessing health care coverage needs, comparing options and costs, and assisting with enrollment
- Acted on clients behalf to resolve issues with Medicare and private insurance companies contracted with Medicare
- Maintain accurate records regarding client contact, supports and follow up to clients requesting information about available resources.
- Prepare monthly and quarterly statistical reports and enter client data into Refer 7 statewide database
- Develop and maintain a comprehensive resource file in addition to the Refer 7 statewide database

May 2002 – July 2004 Resident Advocate, Emmaus Family Shelter, Haverhill, MA

Provided support and advocacy to residents of family shelter.

- Met with families regularly to assist with applications for assistance, budget management and housing searches.
- Maintained daily log of resident activities and shelter issues.
- Mediated conflict resolution between residents, monitored adherence to shelter rules and when necessary, issued warnings which became part of their records with the Department of Transitional Assistance.

Nov. 1995 – Aug. 2001 Community Services Director, A Safe Place

Provided support to victims of domestic violence through one on one peer counseling, 24 hour crisis line coverage, social service advocacy, legal advocacy and coordination and facilitation of support groups.

Executive management of the Salem office included:

- Coordination and oversight of community services
- Training and supervision of staff, interns and volunteers

- Financial management including fundraising, creating and monitoring budget, ensuring adherence to fiscal guidelines and reporting to funders
- Compiling statistics and preparing statistical reports utilizing the NH Dept. of Justice database
- Agency representative and liaison to community individuals and organizations including various councils and ad-hoc committees

Participatory management of the agency as a whole in the six years it operated as a collective included:

- Agency-level decision-making using a consensus model
- Development of policies and procedures
- Staff representation to the Board of Directors
- Handling of personnel issues including hiring, staff evaluations, corrective work plans and inter-staff conflicts
- Member of the task team assigned to change the agency structure in January 2001, adding the position of an agency director and changing decision-making grid and policies to conform to the new structure

1989 – 1995 Program Assistant, Rockingham Community Action

- Provided and monitored direct client services including information and referral, crisis intervention and advocacy.
- Assisted with the planning and implementation of all Outreach programs including the Crisis Assistance Project, USDA Surplus Food Distribution, Emergency Food Pantry and Emergency Response System (Lifeline).
- Coordinated payment of funds to vendors with town welfare administrators and assisted clients with financial management enabling them to achieve self-sufficiency.
- Maintained client records, compiled statistics and prepared statistical reports.
- Planned and executed fundraising activities.
- Assisted with public and community relations activities.
- Overall, I provided administrative and clerical support to the Outreach Center Director and acted on behalf of the Director in her absence.

EDUCATION: Castle College, Windham, NH ASHS, 1990

COMMUNITY ORGANIZATIONS:

Greater Salem Human Service Council, President 1996 – 1998
 Secretary 1994 – 1996
 Greater Plaistow Human Service Council 1994-1998
 Greater Salem Council Against Family Violence, Secretary 1998 – 2001
 Greater Plaistow Council Against Family Violence 1998 - 2001
 Executive Board of the Salem Visitation Center
 Senior Health Fair Committee Member (Greater Derry) 2002 - 2013

OTHER:

NH RSA 173:C Confidentiality Training
 CIRS-A Certified through the Alliance of Information & Referral Systems
 Certified SHIP Counselor (NH State Health Insurance Counseling Program)
 Methods Models and Tools (Person-Centered Planning) Training 2013

Michelle Peabody

Objective

To gain a career with a non-profit organization in the human service field. My career goal is to be able to make a difference in people's lives.

Experience

Nov. 2011 - Present ServiceLink Atkinson, NH

Caregiver Support Specialist / I & R

- Assessing client's needs
- Refer clients to appropriate services
- Home visits, Powerful Tools for Caregivers

Jan. 2011 – May

ServiceLink

Portsmouth, NH

2011

Internship

- Learned basics of Medicare
- Family Caregiver Program
- Assisted clients either by phone or walk-in

May 2009 - 2011

Home Instead Senior Care

Portsmouth, NH

Internship

- Organized weekly activity program for seniors
- Developed community partnerships for the program

Dec. 1985 – June

Countryside Florist

Londonderry, NH

2005

Co-owner/lead designer

- Planned and created floral arrangements, managed all aspects of the creative side of business
- Customer service

Sept. 2008 – May

New Hampshire Technical Institute

Concord, NH

Education

2011

Associates Degree in Human Services

- Member Phi Theta Kappa Honor Society
- Member of the National Organization Of Human Service

Current member of the Londonderry Rotary Club and the Londonderry/Derry Chamber of Commerce

Community Activities

Michelle Peabody

Other

September 2012 – Powerful Tools for Caregivers Leader Training

May 2013 – CIRS-A Certification

Currently working on SHIP Certification

CAROL A. HAWTHORNE

INFORMATION AND REFERRAL/MEDICARE SPECIALIST, SERVICELINK Portsmouth, NH, 2008-Present

- Welcome clients by phone, e-mail and office visits, pinpoint their needs and refer them to best resources.
- Provide personal support and follow-up.
- Using Refer7, record all notes and data for each client, including SHIP, Medicare and Medicaid information.
- Keep up to date on all aspects of Medicare and Medicaid at seminars and meetings in order to counsel clients on health insurance, benefits, billing, prescription drug plans, comparisons, savings programs and low income subsidies as well as helping them with complaints and appeals.
- Present "New to Medicare" workshop program to seniors, enlighten attendees about ServiceLink and Medicare at Senior fairs.
- Refer calls to most appropriate ServiceLink offices. Schedule appointments with clients for Medicare information and counseling.
- Solve and/or resolve Medicare problems. Counsel clients about fraud.
- Call SHIP hotline with clients' Medicare questions and problems.
- Make complaints to CTM about Part D plans.

ADMINISTRATIVE & DEVELOPMENT ASS'T, COMPASS CARE, INC. Portsmouth, NH, 2001-2006

- Supported Executive Directors (3) and Business Managers and staff professionals of the Adult Day Health and Senior Wellness programs, handling personal contacts, phone, mail and electronic communications with other agencies, vendors, civic groups, donors, caregivers, Board members and banks. Prepared monthly calendars, food service menus and client rosters. Helped create and produce the CARING illustrated newsletter; contributed the Compass Care page for a Council of Senior Citizens newsletter (VOICE). Recorded detailed minutes of agency committee and Directors' meetings.
- Coordinated exhibit space, facilities, and printed program arrangements for Elder Expo, a Portsmouth conference for over 80 senior service providers in the Seacoast region.
- Maintained Compass Care computer database of 1,200 individual and corporate donors. Managed production and distribution of informational letters, special events, publicity and annual fund appeals.

CHURCH SECRETARY, WESTPORT UNITED METHODIST CHURCH Westport, CT, 1997-2001

- Provided daily secretarial services for the Senior Pastor and Associate Pastors while performing a broad range of administrative duties in the busy "one-person" office. Received all church visitors, handled most phone contacts and other daily communications to church members, committees and the public. Prepared and published all Sunday service bulletins (programs), announcements and a monthly church newsletter.

BUSINESS SUPPORT SVCS, Allen D. Hawthorne / Carol A. Hawthorne Portsmouth, NH 1985-Present

- Founded and operated a home-based word-processing and business records service for owners of small area firms in 1975. Partnered with my husband in 1985, expanding the business by adding full computer desktop publishing and graphic design services. Customers included authors, technical specialists, marketing and business management consultants as well as a mixture of non-profit organizations. See website above.
- Currently prepare business/technical reports, financial statements, promotional literature, programs, articles, manuals and texts for books. Creating and manipulating digital designs and images is a specialty.

EDUCATION

Middlebury College (VT), Bachelor of Arts, Sociology. Additional courses in social work at University of Connecticut at Stamford.

Computer skills: Microsoft Word, MS Excel, Intuit Quicken, Filemaker Pro (and Ebase for non-profit organizations); MS PowerPoint; MS Publisher; Browsers: Internet Explorer, AOL, Netscape, Mozilla Firefox, Google Chrome. Dual platforms: Mac OS10.6 (Snow Leopard), PC (Windows XP Pro), Telecommuting (teleworking), Social Networking (Facebook).

PATRICIA M. CAMERON

EDUCATION

BOSTON STATE, BOSTON, MA
Certificate in Paralegal Studies
McNTOSH BUSINESS SCHOOL, LAWRENCE, MA
Secretarial Certificate
LAWRENCE HIGH SCHOOL, LAWRENCE, MA
Business Course Curriculum

EXPERIENCE:

September 2010
December 2011

SERVICELINK RESOURCE CENTER, SALEM, NH
Volunteer Part D open enrollment

Ran Part D plans, met with clients to explain Medigap, MedAdvantage and Part D options.

December 2011
to present

SERVICELINK RESOURCE CENTER, ATKINSON, NH
Certified SHIP and I & R Specialist.

Perform Medicare counseling to individuals who will be new to Medicare, including explanation of Medicare Part A, B and D and Medigap and Medadvantage plans. Enter prescription information on Medicare.gov and run Part D plans. Assist with New to Medicare workshops and Part D Planfinder workshops. Assist clients in applying for MSP programs and SS disability. Assist in resolving Medicare/MSP problems. Assure that all client records are maintained accurately.

June 2000
December 2009

NIXON PEABODY LLP, BOSTON, MA
Real Estate Paralegal for Firm

Perform all real estate paralegal functions, including title research, rundowns, recordings, and tax lien searches for registered and recorded land properties; preparation and filing of UCC-1 Financial Statements and Amendments with state and county offices; assist with closings, both commercial and residential, including acquisitions, sales, loans and settlements; order and review titles and surveys; review title and survey documents and prepare memo summarizing all exception documents; order municipal lien certificate, assessor's classification, leases and title insurance policies; review property information including rent rolls, security deposits and utility bills/calculate final adjustments; prepare Seller/Buyer/ Lender closing documents including deed, trusts and trustee certificate, mortgage, closing statements with adjustments and preparation of other closing documentation; draft residential Purchase and Sale Agreements; review zoning maps and by-laws; review building jackets, licenses, permits; perform Lexis information searches; secure and review qualification certificates for corporation, limited liability companies and limited partnerships, both foreign and domestic; prepare foreclosure documents through foreclosure sale.

June 1995
to June 2000

PEABODY & BROWN, BOSTON, MA
Legal Secretary to Senior Partner in Real Estate and
Syndication Departments and to Associate in
Environmental and Real Estate Departments

Perform all secretarial functions, including preparation of letters, legal documents, redlining documents, answering the telephone, filing, preparation of bills, entering time, coordinating meetings and making travel arrangements. I am proficient in Microsoft Word and Excel.

April 1964
to May 1995

CREGG & CREGG, LAWRENCE, MA
Legal Secretary/Paralegal to Two Attorneys

Performed all tasks necessary to running a legal office, including typing and preparation of legal documents, maintaining the books, answering the telephone and filing. Performed title searches, took a real estate transaction from its inception to closing (i.e prepare purchase and sale agreement, order Municipal Liens Certificates, prepare the real estate package, obtain the figures for the settlement statements, attend closing, etc.), prepared estate accounts for filing with the Probate Court, prepared Forms 706 and M706 estate tax returns, prepared corporation organizational documents and annual minutes. Client contact played a major role in my daily routine.

PERSONAL

I enjoy hiking, cross country skiing, golf and working out at the gym.