



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

Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

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August 28, 2018

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

REQUESTED ACTION

Action #1: Authorize the Department of Health and Human Services, Division for Behavioral Health Services, to enter into **retroactive** amendments to agreements with two (2) of the thirteen (13) vendors (listed below in bold) for the provision of Regional Public Health Network services by modifying the scope of work for the continuum of care services and decreasing the price limitation by \$157,341 from \$9,677,017 to \$9,519,676 **retroactive** to February 1, 2018, through the unchanged completion date of June 30, 2019, effective upon approval by the Governor and Executive Council. Funds are 92% Federal Funds, 8% General Funds.

Action #2: Authorize the Department of Health and Human Services, Division of Public Health Services to enter into a **sole source** amendment to an agreement with North Country Health Consortium by adding funding for the Contractor's Molar Express oral health service by increasing the price limitation by \$90,000 from \$9,519,676 to \$9,609,676, through the unchanged completion date of June 30, 2019, effective upon approval by the Governor and Executive Council. Funds are 100% General Funds.

The original contracts were approved by the Governor and Executive Council on June 21, 2017 Item #44 and amended on June 20, 2018 (Item 27F) (except for City of Nashua and Manchester Health Department).

Summary Chart

VENDOR NAME	REGION SERVED	Current Budget	(Decrease)	Increase	Modified Budget
City of Nashua	Nashua	\$797,644	(\$81,733)	\$0	\$715,911
County of Cheshire	Cheshire	\$581,449	\$0	\$0	\$581,449
Greater Seacoast Community Health (formerly Goodwin Community Health)	Strafford	\$696,361	\$0	\$0	\$696,361
Granite United Way	Capital	\$708,406	\$0	\$0	\$708,406
Granite United Way	Carroll	\$690,770	\$0	\$0	\$690,770
Granite United Way	South Central	\$676,965	\$0	\$0	\$676,965

VENDOR NAME	REGION SERVED	Current Budget	(Decrease)	Increase	Modified Budget
Lamprey Health Care	Seacoast	\$748,724	\$0	\$0	\$748,724
Lakes Region Partnership for Public Health	Winnepesaukee	\$687,742	\$0	\$0	\$687,742
Manchester Health Dept.	Manchester	\$1,167,744	(\$75,608)	\$0	\$1,092,136
Mary Hitchcock Mem Hospital	Sullivan	\$678,161	\$0	\$0	\$678,161
Mary Hitchcock Mem Hospital	Upper Valley	\$686,943	\$0	\$0	\$686,943
Mid-State Health Center	Central	\$690,586	\$0	\$0	\$690,586
North Country Health Consortium	North Country	\$865,522	\$0	\$90,000	\$955,522
	TOTAL	\$9,677,017	(\$157,341)	\$90,000	\$9,609,676

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

See attached Financial Detail Sheet

EXPLANATION

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

Requested Action #1 seeks approval to amend two (2) of thirteen (13) agreements for the provision of Regional Public Health Network services by reducing the Continuum of Care scope of work.

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

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

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

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

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

Requested Action #2 is sole source because a new scope of work for oral health services is being added to North Country Health Consortium’s contract. The Contractor is currently providing Regional Public Health Network services in the North Country Public Health region, including, but not limited to sustaining a Public Health Advisory Council, responding to public health emergencies, facilitating and sustaining a continuum of care to address substance use disorder, conducting seasonal influenza clinics in primary and secondary schools, and coordinating behavioral health services following disasters and critical incidents. This request, if approved, will add services for the provision of school-based oral health services through the North Country Health Consortium’s Molar Express for SFY 2019.

The North Country Health Consortium was selected to provide Regional Public Health Network Services through a competitive bid process. The Department is satisfied with the services that have been provided, as demonstrated by the increased capacity to provide a broad range of public health services regionally.

The following performance measures are used to measure the effectiveness of the agreement:

- Number of participating schools
- Number of students served
- Number of procedures provided
- Number of insured and uninsured served

Area served: Statewide

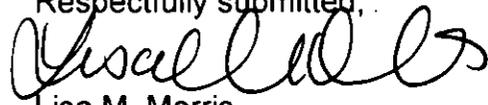
Source of Funds:

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

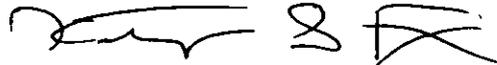
Action #2: 100% General Funds.

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

Respectfully submitted,

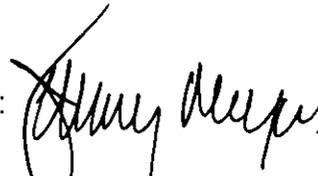


Lisa M. Morris
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

FINANCIAL DETAIL SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND PERFORMANCE
100% Federal Funds
CFDA #93.758 FAIN #B01OT009037

City of Nashua			Vendor # 177441-B011		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

County of Cheshire			Vendor # 177372-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Greater Seacoast Community Health			Vendor # 154703-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Granite United Way - Capital Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Granite United Way - Carroll County Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Granite United Way - South Central Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Lamprey Health Care			Vendor #177677-R001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Lakes Region Partnership for Public Health			Vendor # 165635-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

FINANCIAL DETAIL SHEET
Regional Public Health Networks (RPHN)

Manchester Health Department			Vendor # 177433-B009	PO #		
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region			Vendor # 177160-B003	PO #		
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region			Vendor # 177160-B003	PO #		
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Mid-State Health Center			Vendor # 158055-B001	PO #		
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

North Country Health Consortium			Vendor # 158557-B001	PO #		
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000
			SUB TOTAL	390,000	-	390,000

FINANCIAL DETAIL SHEET
Regional Public Health Networks (RPHN)

05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY PREPAREDNESS
73% Federal Funds & 27% General Funds
CFDA #93.074 & 93.069 FAIN #U90TP000535

City of Nashua				Vendor # 177441-B011	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673	-	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000		52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000		25,000
			Sub Total 2018	194,673		194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673	-	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000		52,000
			Sub Total 2019	194,673		194,673
			Sub-Total	389,346	-	389,346

County of Cheshire				Vendor # 177372-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738	-	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000		20,000
			Sub Total 2018	81,738		81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738	-	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000		20,000
			Sub Total 2019	81,738		81,738
			Sub-Total	163,476	-	163,476

Greater Seacoast Community Health				Vendor # 154703-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366	-	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800		33,800
			Sub Total 2018	84,166		84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366	-	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800		33,800
			Sub Total 2019	84,166		84,166
			Sub-Total	168,332	-	168,332

Granite United Way - Capital Region				Vendor # 160015-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939	-	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000		10,000
			Sub Total 2018	84,939		84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939	-	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000		10,000
			Sub Total 2019	84,939		84,939
			Sub-Total	169,878	-	169,878

Granite United Way - Carroll County Region				Vendor # 160015-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
			Sub-Total	152,000	-	152,000

FINANCIAL DETAIL SHEET
Regional Public Health Networks (RPHN)

Granite United Way -South Central Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983	-	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800		33,800
			Sub Total 2018	85,783		85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983	-	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800		33,800
			Sub Total 2019	85,783		85,783
			Sub-Total	171,566	-	171,566

Lamprey Health Care			Vendor #177677-R001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271	-	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800		33,800
			Sub Total 2018	86,071		86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271	-	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800		33,800
			Sub Total 2019	86,071		86,071
			Sub-Total	172,142	-	172,142

Lakes Region Partnership for Public Health			Vendor # 165635-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863	-	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863	-	78,863
			Sub-Total	157,726	-	157,726

Manchester Health Department			Vendor # 177433-B009		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055	-	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168		57,168
	102-500731	Contracts for Prog Svc	90077408	25,000		25,000
			Sub Total 2018	285,223		285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055	-	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168		57,168
			Sub Total 2019	285,223		285,223
			Sub-Total	570,446	-	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region			Vendor # 177160-B003		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
			Sub-Total	152,000	-	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region			Vendor # 177160-B003		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
			Sub-Total	152,000	-	152,000

Mid-State Health Center			Vendor # 158055-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000	-	76,000
			Sub-Total	152,000	-	152,000

FINANCIAL DETAIL SHEET
Regional Public Health Networks (RPHN)

North Country Health Consortium

Vendor # 158557-B001

PO #

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

05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds
CFDA #93.959 FAIN #TI010035

City of Nashua

Vendor # 177441-B011

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	92,669	-	92,669
	102-500731	Contracts for Prog Svc	92056504	40,490	-	40,490
			Sub Total 2018	133,159	-	133,159
SFY 2019	102-500731	Contracts for Prog Svc	92056502	91,162	-	91,162
	102-500731	Contracts for Prog Svc	92056504	41,243	-	41,243
			Sub Total 2019	132,405	-	132,405
			Sub-Total	265,564	-	265,564

County of Cheshire

Vendor # 177372-B001

PO #

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

FINANCIAL DETAIL SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health			Vendor # 154703-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	82,380	-	82,380
	102-500731	Contracts for Prog Svc	92056504	45,635	-	45,635
	Sub Total 2018			128,015	-	128,015
SFY 2019	102-500731	Contracts for Prog Svc	92056502	82,380	-	82,380
	102-500731	Contracts for Prog Svc	92056504	45,635	-	45,635
	Sub Total 2019			128,015	-	128,015
Sub-Total			256,030	-	256,030	

Granite United Way - Capital Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	93,014	-	93,014
	102-500731	Contracts for Prog Svc	92056504	40,250	-	40,250
	Sub Total 2018			133,264	-	133,264
SFY 2019	102-500731	Contracts for Prog Svc	92056502	93,014	-	93,014
	102-500731	Contracts for Prog Svc	92056504	40,250	-	40,250
	Sub Total 2019			133,264	-	133,264
Sub-Total			266,528	-	266,528	

Granite United Way - Carroll County Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	93,121	-	93,121
	102-500731	Contracts for Prog Svc	92056504	40,264	-	40,264
	Sub Total 2018			133,385	-	133,385
SFY 2019	102-500731	Contracts for Prog Svc	92056502	93,121	-	93,121
	102-500731	Contracts for Prog Svc	92056504	40,264	-	40,264
	Sub Total 2019			133,385	-	133,385
Sub-Total			266,770	-	266,770	

Granite United Way - South Central Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	93,375	-	93,375
	102-500731	Contracts for Prog Svc	92056504	40,137	-	40,137
	Sub Total 2018			133,512	-	133,512
SFY 2019	102-500731	Contracts for Prog Svc	92056502	93,375	-	93,375
	102-500731	Contracts for Prog Svc	92056504	40,137	-	40,137
	Sub Total 2019			133,512	-	133,512
Sub-Total			267,024	-	267,024	

Lamprey Health Care			Vendor #177677-R001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	88,649	-	88,649
	102-500731	Contracts for Prog Svc	92056504	42,500	-	42,500
	Sub Total 2018			131,149	-	131,149
SFY 2019	102-500731	Contracts for Prog Svc	92056502	88,649	-	88,649
	102-500731	Contracts for Prog Svc	92056504	42,500	-	42,500
	Sub Total 2019			131,149	-	131,149
Sub-Total			262,298	-	262,298	

FINANCIAL DETAIL SHEET
Regional Public Health Networks (RPHN)

Lakes Region Partnership for Public Health				Vendor # 165635-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	84,367	-	84,367
	102-500731	Contracts for Prog Svc	92056504	44,641	-	44,641
			Sub Total 2018	129,008	-	129,008
SFY 2019	102-500731	Contracts for Prog Svc	92056502	84,367	-	84,367
	102-500731	Contracts for Prog Svc	92056504	44,641	-	44,641
			Sub Total 2019	129,008	-	129,008
			Sub-Total	258,016	-	258,016

Manchester Health Department				Vendor # 177433-B009	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	98,040	-	98,040
	102-500731	Contracts for Prog Svc	92056504	37,805	-	37,805
			Sub Total 2018	135,845	-	135,845
SFY 2019	102-500731	Contracts for Prog Svc	92056502	98,040	-	98,040
	102-500731	Contracts for Prog Svc	92056504	37,805	-	37,805
			Sub Total 2019	135,845	-	135,845
			Sub-Total	271,690	-	271,690

Mary Hitchcock Memorial Hospital - Sullivan County Region				Vendor # 177160-B003	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	93,267	-	93,267
	102-500731	Contracts for Prog Svc	92056504	40,191	-	40,191
			Sub Total 2018	133,458	-	133,458
SFY 2019	102-500731	Contracts for Prog Svc	92056502	99,275	-	99,275
	102-500731	Contracts for Prog Svc	92056504	37,187	-	37,187
			Sub Total 2019	136,462	-	136,462
			Sub-Total	269,920	-	269,920

Mary Hitchcock Memorial Hospital - Upper Valley Region				Vendor # 177160-B003	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	99,575	-	99,575
	102-500731	Contracts for Prog Svc	92056504	37,037	-	37,037
			Sub Total 2018	136,612	-	136,612
SFY 2019	102-500731	Contracts for Prog Svc	92056502	99,575	-	99,575
	102-500731	Contracts for Prog Svc	92056504	37,037	-	37,037
			Sub Total 2019	136,612	-	136,612
			Sub-Total	273,224	-	273,224

FINANCIAL DETAIL SHEET
Regional Public Health Networks (RPHN)

Mid-State Health Center			Vendor # 158055-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	93,453	-	93,453
	102-500731	Contracts for Prog Svc	92056504	40,098	-	40,098
			Sub Total 2018	133,551	-	133,551
SFY 2019	102-500731	Contracts for Prog Svc	92056502	93,453	-	93,453
	102-500731	Contracts for Prog Svc	92056504	40,098	-	40,098
			Sub Total 2019	133,551	-	133,551
			Sub-Total	267,102	-	267,102

North Country Health Consortium			Vendor # 158557-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	92,776	-	92,776
	102-500731	Contracts for Prog Svc	92056504	40,437	-	40,437
			Sub Total 2018	133,213	-	133,213
SFY 2019	102-500731	Contracts for Prog Svc	92056502	92,488	-	92,488
	102-500731	Contracts for Prog Svc	92056504	40,581	-	40,581
			Sub Total 2019	133,069	-	133,069
			Sub-Total	266,282	-	266,282
			SUB TOTAL	3,458,422	-	3,458,422

05-95-92-920510-3384 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, CLINICAL SERVICES
80% Federal Funds & 20% General Funds
CFDA #93.959 FAIN #TI010035

City of Nashua			Vendor # 177441-B011		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	40,490	(40,490)	0.00
			Sub Total 2018	40,490	(40,490)	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504	41,243	(41,243)	0.00
			Sub Total 2019	41,243	(41,243)	0.00
			Sub-Total	81,733	(81,733)	0.00

County of Cheshire			Vendor # 177372-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2018		-	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2019		-	0.00
			Sub-Total		-	0.00

Greater Seacoast Community Health			Vendor # 154703-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2018		-	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2019		-	0.00
			Sub-Total		-	0.00

FINANCIAL DETAIL SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Capital Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2018	-	-	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2019	-	-	0.00
			Sub-Total	-	-	0.00

Granite United Way - Carroll County Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2018	-	-	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2019	-	-	0.00
			Sub-Total	-	-	0.00

Granite United Way -South Central Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2018	-	-	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2019	-	-	0.00
			Sub-Total	-	-	0.00

Lamprey Health Care			Vendor #177677-R001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2018	-	-	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2019	-	-	0.00
			Sub-Total	-	-	0.00

Lakes Region Partnership for Public Health			Vendor # 165635-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2018	-	-	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2019	-	-	0.00
			Sub-Total	-	-	0.00

Manchester Health Department			Vendor # 177433-B009		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504	37,804	(37,804)	-
			Sub Total 2018	37,804	(37,804)	-
SFY 2019	102-500731	Contracts for Prog Svc	92056504	37,804	(37,804)	-
			Sub Total 2019	37,804	(37,804)	-
			Sub-Total	75,608	(75,608)	-

FINANCIAL DETAIL SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Sullivan County Region				Vendor # 177160-B003	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2018	-	-	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2019	-	-	0.00
			Sub-Total	-	-	0.00

Mary Hitchcock Memorial Hospital - Upper Valley Region				Vendor # 177160-B003	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2018	-	-	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2019	-	-	0.00
			Sub-Total	-	-	0.00

Mid-State Health Center				Vendor # 158055-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2018	-	-	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2019	-	-	0.00
			Sub-Total	-	-	0.00

North Country Health Consortium				Vendor # 158557-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2018	-	-	0.00
SFY 2019	102-500731	Contracts for Prog Svc	92056504		-	0.00
			Sub Total 2019	-	-	0.00
			Sub-Total	-	-	0.00
			SUB TOTAL	157,341	(157,341)	0.00

05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2
100% Federal Funds
CFDA #93.243 FAIN #SP020796

City of Nashua				Vendor # 177441-B011	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	-	-	-
			Sub Total 2018	20,000	-	20,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	11,000	-	11,000
	102-500731	Contracts for Prog Svc	92052410	-	-	-
			Sub Total 2019	11,000	-	11,000
			Sub-Total	31,000	-	31,000

County of Cheshire				Vendor # 177372-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	-	-	-
			Sub Total 2018	20,000	-	20,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	-	-	-
			Sub Total 2019	20,000	-	20,000
			Sub-Total	40,000	-	40,000

FINANCIAL DETAIL SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health			Vendor # 154703-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
	Sub Total 2018			110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
	Sub Total 2019			110,000	-	110,000
Sub-Total			220,000	-	220,000	

Granite United Way - Capital Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
	Sub Total 2018			110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
	Sub Total 2019			110,000	-	110,000
Sub-Total			220,000	-	220,000	

Granite United Way - Carroll County Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
	Sub Total 2018			110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
	Sub Total 2019			110,000	-	110,000
Sub-Total			220,000	-	220,000	

Granite United Way -South Central Region			Vendor # 160015-B001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	78,375	-	78,375
	Sub Total 2018			98,375	-	98,375
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
	Sub Total 2019			110,000	-	110,000
Sub-Total			208,375	-	208,375	

Lamprey Health Care			Vendor #177677-R001		PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	81,863	-	81,863
	Sub Total 2018			101,863	-	101,863
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	82,431	-	82,431
	Sub Total 2019			102,431	-	102,431
Sub-Total			204,294	-	204,294	

FINANCIAL DETAIL SHEET
Regional Public Health Networks (RPHN)

Lakes Region Partnership for Public Health

Vendor # 165635-B001

PO #

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

Manchester Health Department

Vendor # 177433-B009

PO #

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

PO #

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

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

Mid-State Health Center

Vendor # 158055-B001

PO #

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

North Country Health Consortium

Vendor # 158557-B001

PO #

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

FINANCIAL DETAIL SHEET

Regional Public Health Networks (RPHN)

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

North Country Health Consortium				Vendor # 158557-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120	-	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120	-	9,120
			Sub-Total	18,240	-	18,240
			SUB TOTAL	169,244	-	169,244

05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS
 100% Federal Funds
 CFDA #93.074 & 93.889 FAIN #U90TP000535

North Country Health Consortium				Vendor # 158557-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000	-	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000	-	85,000
			Sub-Total	170,000	-	170,000
			SUB TOTAL	170,000	-	170,000

05-095-047-470010-7948 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: OFFICE OF MEDICAID & BUS POLICY, MEDICAL PAYMENTS TO PROVIDERS
 100% General Funds

North Country Health Consortium				Vendor # 158557-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
2019	047-470010	Medical Payments to Providers	500729	\$0	\$90,000	\$90,000
			SUB TOTAL	-	90,000	90,000

05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE CHANGE ADAPTATION
 100% Federal Funds
 CFDA #93.070 FAIN #NU1EH001332

Cheshire County				Vendor # 177372-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90007936	\$11,430	\$0	\$11,430
SFY 2019	102-500731	Contracts for Prog Svc	90007936	\$68,570	\$0	\$68,570
SFY 2020	102-500731	Contracts for Prog Svc	90001022	\$0	\$0	\$0
SFY 2021	102-500731	Contracts for Prog Svc	90001022	\$0	\$0	\$0
			Sub-Total	\$80,000	\$0	\$80,000

Lamprey Health Care				Vendor #177677-R001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90007936	\$14,980	\$0	\$14,980
SFY 2019	102-500731	Contracts for Prog Svc	90007936	\$65,009	\$0	\$65,009
SFY 2020	102-500731	Contracts for Prog Svc	90001022	\$0	\$0	\$0
SFY 2021	102-500731	Contracts for Prog Svc	-90001022	\$0	\$0	\$0
			Sub-Total	\$79,989	\$0	\$79,989
			SUB TOTAL	159,989	-	159,989
			GRAND TOTALS	9,677,017	(67,341)	9,609,676



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

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the City of Nashua (hereinafter referred to as "the Contractor"), a municipality with a place of business at 18 Mulberry Street, Nashua, NH 03060.

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

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

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

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

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$715,911.
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
3. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
4. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 4.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 4.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

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



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

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

The rest of this page left intentionally blank.

A handwritten signature in black ink, appearing to be "JWD".



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

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

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

State of New Hampshire
Department of Health and Human Services

8/3/18
Date

[Signature]
Lisa Morris
Director

City of Nashua

7/18/18
Date

[Signature]
Name: James W. Donkers
Title: Mayor

Acknowledgement of Contractor's signature:

State of New Hampshire county of Nillsborough on 7/18/18, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

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



Patricia D. Pieuch
Name and Title of Notary or Justice of the Peace

My Commission Expires: March 21, 2023

[Signature]



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

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

OFFICE OF THE ATTORNEY GENERAL

9/18/18
Date

Name: Megan A. Kelly
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

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

2. Staffing

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

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3. Reporting

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

4. Training and Technical Assistance Requirements

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

5. Performance Measures

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

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Exhibit A-1

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

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

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -
Budget Request for: COC

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 21,335.00	\$ 1,958.00	\$ 23,293.00	
2. Employee Benefits	\$ 6,374.00	\$ -	\$ 6,374.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 300.00	\$ -	\$ 300.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 326.50	\$ -	\$ 326.50	
6. Travel	\$ 2,000.00	\$ -	\$ 2,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 250.00	\$ -	\$ 250.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 2,500.00	\$ -	\$ 2,500.00	
11. Staff Education and Training	\$ 2,000.00	\$ -	\$ 2,000.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 4,200.00	\$ -	\$ 4,200.00	
Regional Education/Events/Exercises \$3000	\$ -	\$ -	\$ -	
Printing \$1000	\$ -	\$ -	\$ -	
Memberships \$200	\$ -	\$ -	\$ -	
TOTAL	\$ 39,285.50	\$ 1,958.00	\$ 41,243.50	

Indirect As A Percent of Direct

5.0%

RFP-2018-DPHS-01-REGION-01

Contractor Initials: [Signature]

Date: 7/18/18

[Signature]



A. Definitions

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

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

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

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

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

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Exhibit K

DHHS Information Security Requirements

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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DHHS Information Security Requirements



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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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

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DHHS Information Security Requirements



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

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

DHHS Information Security Requirements



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

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

V. LOSS REPORTING

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

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

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

[Handwritten Signature]
Date *7/18/18*



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

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

VI. PERSONS TO CONTACT

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

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

ASD
7/12/18



City of Nashua

Office of the City Clerk

Patricia Piecuch
City Clerk

229 Main Street
P.O. Box 2019
Nashua, NH 03061-2019

(603) 589-3010
Fax (603) 589-3029
E-Mail: cityclerkdept@NashuaNH.gov

CERTIFICATE OF VOTE

I, Patricia D. Piecuch, City Clerk of the City of Nashua, County of Hillsborough, State of New Hampshire, do hereby certify that:

1. I am the duly appointed City Clerk for the City of Nashua, NH;
2. I maintain and have custody of and am familiar with the seal and minute books of the municipality;
3. I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificate;
4. The attached are a true and complete copies of Resolutions 18-043, 18-044, 18-045 and 18-047; that said Resolutions were approved following a motion duly made at a meeting of the Board of Aldermen of the City of Nashua, NH, held on June 26, 2018, which was duly called and at which a quorum was present;
5. The foregoing Resolutions 18-043, 18-044, 18-045 and 18-047 are in full force and effect, unamended, as of the date hereof;
6. That James W. Donchess, was duly elected as Mayor of the City of Nashua at a Municipal Election; and
7. Resolved: That as Mayor he is hereby authorized on behalf of the City of Nashua 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 may deem necessary, desirable or appropriate.

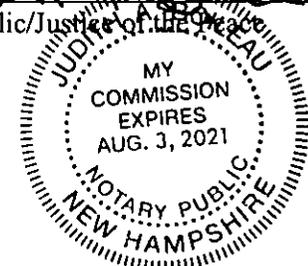
IN WITNESS WHEREOF, I have hereunto set my hand as the City Clerk of the Municipality this 23rd day of July, 2018.


Patricia D. Piecuch, City Clerk

STATE OF NEW HAMPSHIRE
COUNTY OF HILLSBOROUGH

On July 23, 2018, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me, to be the City Clerk of the Municipality identified in the foregoing certificate, and acknowledge that she executed the foregoing certificate.

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


Notary Public/Justice of the Peace




RESOLUTION

RELATIVE TO THE ACCEPTANCE AND APPROPRIATION OF \$41,243.50 FROM THE STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES INTO PUBLIC HEALTH AND COMMUNITY SERVICES GRANT ACTIVITY "FY19 PUBLIC HEALTH NETWORK SERVICES"

CITY OF NASHUA

In the Year Two Thousand and Eighteen

RESOLVED by the Board of Aldermen of the City of Nashua that the City of Nashua and the Division of Public Health and Community Services are authorized to accept and appropriate \$41,243.50 from the State of New Hampshire Department of Health and Human Services into Public Health and Community Services grant activity "FY19 Public Health Network Services" for the purpose of improving and sustaining services and programs related to substance use disorder. This funding shall be in effect from July 1, 2018 through June 30, 2019.

**City of Nashua
Board of Aldermen
2018 – 2019 Term
PUBLIC LIST**

ALDERMEN-AT-LARGE	
BRIAN S. McCARTHY, PRESIDENT	
LORI WILSHIRE, VICE PRESIDENT	
BRANDON MICHAEL LAWS	
SHOSHANNA KELLY	
DAVID C. TENCZA	
MICHAEL B. O'BRIEN, SR.	
WARD ALDERMEN	
WARD 1	JAN SCHMIDT
WARD 2	RICHARD A. DOWD
Ward 3	PATRICIA KLEE
WARD 4	THOMAS LOPEZ
WARD 5	ERNEST A. JETTE
WARD 6	KEN GIDGE
WARD 7	JUNE M. CARON
WARD 8	MARY ANN MELIZZI-GOLJA
WARD 9	LINDA HARRIET- GATHRIGHT
Revised 1/7/18	

JANET L. GRAZIANO, CPA

[REDACTED]

[REDACTED]

[REDACTED]

SUMMARY

Financial professional with strong accounting and auditing skills. Experience in managing staff in a project environment and developing enhancements to internal controls, operational efficiency and profitability. Strong problem-solving, organizational, supervisory and communication skills.

EXPERIENCE

2010 – Present

CITY OF NASHUA, Nashua, NH

Senior Finance Manager

- Responsible for overseeing all financial transactions for General Government to ensure compliance with city policies, ordinances, and GASB
- Oversee and prepare all financial reports for federal, state, and private grants and ensure that spending is in accordance with grant criteria
- Prepare annual budget for Aldermanic approval
- Develop policies and procedures to ensure proper internal controls and efficiencies
- Consult with Division Directors on best practices regarding contracts and other procurement issues
- Train and assist staff in following City policies and procedures
- Team lead on implementation of ERP Lawson Procurement Module
- Developed training materials and manuals, and trained all City users in new procurement process
- Assist CFO with special projects

2005 – 2009

DANIEL WEBSTER COLLEGE, Nashua, NH

Senior Accountant

- Maintain general ledger through preparation of draft financial statements and reconcile all accounts on a monthly basis. Reduced number of old reconciling items from greater than three months to current, ensuring items clear on a timely basis.
- Maintain and prepare all Endowment Fund accounting and calculations.
- Compile institution's operating budget detail and assist department heads with budget preparation. Prepare and distribute all reports to department heads and act as point person for resolving issues.
- Created efficiencies in accounting processes by automating items that were previously prepared manually
- Spearheaded changes in gift processing collaborating with Development office to create further efficiencies.
- Worked with outside software vendor (SCAN) to create efficiencies in processing data thereby reducing month-end accounting process by three to five days
- Participated in analysis and implementation of installing new copiers on campus. Ensured that all new copiers would have scanning and printing capabilities creating efficiencies college-wide.
- Prepare all audit schedules and work with external auditors

1999 - 2006

LEGAL ADVICE AND REFERRAL CENTER, Concord, NH

(Grantee of Legal Services Corporation, a private, non-profit corporation established by the U.S. Congress)

Controller

Oversee bookkeeper's activities, ensure that financial records are maintained in accordance with governmental regulations, prepare monthly financial statements, and provide assistance with annual audit. Managed all grant funding. Worked directly with Executive Director preparing annual budget and all grant reporting.

- 1998 – 1999 **SUPERIOR COFFEE AND FOODS, Bow, NH** (*a subsidiary of Sara Lee Corporation*)
Financial Consultant
- Assisted the Vice President of Route Operations and Finance Director in various projects, such as budgeting, forecasting, customer profitability analysis, route efficiency analysis, and other projects on an ongoing basis.
- 1996 - 1998 **Financial Planning & Analysis Manager, Eastern Division**
- Managed Customer Service and Credit and Collection Departments (2 direct and 7 indirect reports).
 - Analyzed financial results and provided top management with information on the Eastern division's financial performance (in total and for four different business segments).
 - Implemented and administered Company policies and procedures for finance, credit and customer service.
 - Established additional procedures for internal controls over credit and collection procedures.
 - Prepared and managed budgeting and forecasting processes for entire division (\$100 million in sales).
 - Analyzed customer profitability, and due to errors found saved the company approximately \$150,000 in my first year.
 - Responsible for profitability of in-house company store and reduced year-end inventory shrink from \$30,000 to \$100.
 - Liaison with Internal Audit department to communicate any audit points found and ensure recommendations were followed.
 - Monitored accounts payable, equipment, accounts receivable, and notes receivable.
- 1993 - 1996 **BANC ONE NEW HAMPSHIRE ASSET MANAGEMENT CORPORATION,**
Manchester, NH (*a subsidiary of Banc One Corporation*)
Audit Supervisor
- Responsible for conducting the higher risk and more complex financial and operational audits for this \$1.7 billion asset servicing company.
 - Extensive experience developing audit strategy, directing and training staff, and communicating audit results and recommendations both orally and in written reports to senior management and committees.
 - Demonstrated ability in accurately identifying audit risks, assessing internal controls and providing creative solutions while performing within strict budget guidelines.
 - Conducted ongoing analysis and evaluation of financial performance and assisted management by leading or participating in special projects or studies.
 - Coordinated training for the Audit department including identifying cost-effective programs for individual staff development.
 - Consistently achieved above-average ratings on all performance reviews.
 - Skilled in identifying and developing individual employee strengths and utilizing them in a team environment.
 - Assisted in the recruitment and review of new hires within the department.
 - Recognized as BONHAM's Employee of the Month for completing a major regulatory project within strict time and budget constraints and with complete client satisfaction.

EDUCATION **NORTHEASTERN UNIVERSITY, School of Business, Boston, MA**
B.S., Business Administration, *cum laude*
Concentrations in both Accounting and Finance

CERTIFIED PUBLIC ACCOUNTANT, 3 years experience from PricewaterhouseCoopers

Janet L. Graziano, CPA

VOLUNTEER EXPERIENCE

- Obtained Merrimack School Board Approval for Merrimack High School Swim Team, created Merrimack High School Swim Booster Club, prepared all filings for non-profit 501(c)(3) status and worked with IRS to obtain approval
- Treasurer, Merrimack High School Swim Booster Club – 2 years
- Treasurer, Merrimack Boy Scout Troop 15 – 4 years
- Secretary, Merrimack Youth Baseball – 3 years

BOBBIE DENISE BAGLEY

[REDACTED]
[REDACTED]
[REDACTED]
Email: BagleyB@NashuaNH.gov

SPECIALTY AREAS OF FOCUS

- ❖ Leadership in Public Health
- ❖ Improving Public & Community Health Practice
- ❖ Advocating for Health Equity & Policy Setting
- ❖ Reducing Socio-Cultural Barriers to Health
- ❖ Enhancing Population-Based Health Promotion and Disease Prevention
- ❖ Diversifying the Public Health Work Force
- ❖ Building a Competent Public Health Workforce
- ❖ Assuring Cultural Effectiveness

PROFESSIONAL SUMMARY

Public Health: Twenty years of experience in the field of public health services. Executive strengths include: strong leadership skills, effective verbal and written communications, critical thinking, evidence-based decision making, community mobilization, creative visionary and a keen ability to motivate others. Easily cultivates collaborative partnerships with service providers. Experience in developing and implementing programs to promote, protect and preserve health and safety through assessment, policy and delivery of services. Seventeen years of proven skills in multi-disciplinary program management, cultural competency, conflict resolution and team building. Success demonstrated in grant writing, budgeting, and fiscal governance of programs and services.

Academia: Ten years of experience in the academic setting. Expertise demonstrated in curriculum development, course evaluation, scholarship, community service and academic leadership. Instruction provided in both the on-ground classroom and online settings. Lead faculty and advisor of the public health and nursing program. Provides course instruction and course development as well as provides supervision of public health faculty. Work experience with community agencies to provide exceptional service learning experiences, experiential learning activities in public health and opportunities to engage in political action to transform hearts and minds.

WORK HISTORY

❖ 2016 – Present: Director, City of Nashua, NH Division of Public Health and Community Services. Provide supervision and fiscal oversight over city health department staff and programming. Directs and manages resources to accomplish objectives for all programs. Provide both policy and operational direction and leadership to the Mayor, Board of Alderman and the Board of Health on public health issues. Serve as liaison to community partners, local and state officials. Serve on community boards and local and state committees to advance public health initiatives, policy and workforce development. Serves as direct supervisor to senior managers of three departments and director supervision to staff under the Community Services Department.

❖ 2014 – 2016: Director of BS and MPH Public Health Programs, Rivier University, Division of Nursing and Health Professions. Develop program curriculum, program requirements, and courses. Responsible for faculty selection, mentoring, training, supervision and evaluation of faculty. Serve as student advisor and mentor. Provide course instruction in the online and face to face learning environments for undergraduate and graduate students. Participate in other administrative duties and community services.

Faculty Advisor to Rivier University Student Public Health Association and Co-Advisor to Rivier University Student Nurses Association. Serves on several university committees: Faculty Development, Workload and Compensation Committee, Nursing Admissions Committee and the University Diversity Council.

❖ 2011- Present: Instructor of Nursing, Rivier University, Division of Nursing. Provide instruction in online and face to face learning environments. Participant on several university committees including: faculty development, admissions, research, curricula development and the president's diversity committee. Faculty Advisor to the Rivier University Student Nurses Association.

Course Instruction: Community/Public Health Nursing, Policy, Politics in the Nursing Profession, Family Health Nursing in a Multicultural Society and Nursing Capstone and Public Health Courses.

❖ 2012-2014: Programs Director, NH Minority Health Coalition. Provided consultation, management and oversight of subcontractors and consultants on programs focused on community transformation, chronic disease self-management, HIV/HCV testing and home visiting.

❖ 2007 – 2011: Adjunct Instructor of Nursing, Rivier College, Division of Nursing. Courses include: Family Health Nursing in a Multicultural Society and Policy, Politics in the Nursing profession. Currently teaching online courses.

❖ 2006 - 2011: Chief Public Health Nurse and Manager of the City of Nashua Community Health Department, provided oversight to community health department staff, clinic and programs. Drove strategic collaboration with Department of Health & Human Services, healthcare professionals and community service agencies, to develop and implement programs to promote, protect and preserve the health of the community through assessment, policy development and assurance of services. Provide fiscal governance of community health department budget of over \$708,000.00. Managed a team of Public Health Nurses, outreach workers, a licensed Alcohol and Drug counselor and an Administrative Assistant.

❖ 2004 – Present: Public Health Consultant, BDB Health Promotions. As the Principal, maintained contracts for several Sections in the Department of Health and Human Services. Including: HIV/STD Section and Alcohol, Drug and Tobacco program and Office of Minority Health. Responsible for development and revisions to the NH HIV Community Planning Group Comprehensive plan for HIV Care and Prevention Services in the State of NH, helped set statewide strategic health direction by Conducting a Racial and Ethnic Minorities Needs Assessment for HIV Care and Prevention Services and delivered results to key state agencies. Procure grants to provide Cultural Competency training and technical assistance to DHHS Alcohol, Tobacco and Other Drugs, Strategic Prevention Framework Program. Provide consultation to state and local agencies to create awareness of health equity and disparities in minority populations.

❖ 2000 – 2004: Program Manager for the New Hampshire Minority Health Coalition, procured grants, developed and managed several programs and collaborated with community-based organizations, health care professionals, state and local government officials, health departments and the Department of Health and Human Services to insure equitable access of health care services for diverse, ethnic and racial communities. Provided oversight to a diverse staff of bilingual/bicultural home visitors and outreach workers. Provided fiscal oversight to prevention program budget of approximately \$300,000.00.

❖ 1997 – 2000: Public Health Nurse for the City of Nashua responsible for coordinating several prevention programs as program coordinator. Responsibilities encompassed a variety of activities, which included collaborating with Department of Health & Human Services, healthcare professionals and community service agencies, to develop and implement programs to protect and promote the health of the community through assessment, policy development and assurance of services. Coordinated the following programs over work history: Tuberculosis, HIV Prevention, Maternal and Child Health and Lead Poisoning Prevention Program.

Management experience included providing leadership support to Department Manager and acting as Interim Department Manager for three months. Other experience included providing leadership support to STD Coordinator and supervising outreach team.

SIGNIFICANT ACCOMPLISHMENTS

- ❖ Collaborated with essential staff of the City of Nashua Division of Public Health and Community Services to successfully achieved National Public Health Accreditation status
- ❖ Development of the Rivier University Public Health BS and MPH Public Health Programs
- ❖ Writer and Collaborator on Health Administration and Services Resource Nursing Workforce Diversity Grant awarded to Rivier University.
- ❖ Instrumental in acquiring an award from Harvard Pilgrim's Cultural Insight Program to conduct a cultural assessment of Rivier University
- ❖ Awarded Nursing Diversity Mini-Grant for Rivier Nursing Pipeline Project for high school students
- ❖ Awarded Faculty Development Teaching Squares Grant
- ❖ Awarded Socio-Cultural Barriers Grant
- ❖ Developed the Gate City Health and Wellness Immigrant Integration Initiative
- ❖ Mobilized community service agencies to collaborate on a refugee and immigrant health and wellness integration initiative project
- ❖ Presented at local and regional conferences on refugee and immigrant integration initiative Provided Technical Assistance on Merged Comprehensive HIV Prevention and Care Planning to Kentucky, Arizona, Connecticut and Vermont.
- ❖ Presented at local, regional and national conferences on HIV Comprehensive Planning, Racial and Ethnic Minority Needs Assessment and Cultural Competency.
- ❖ Participated on planning committee for first Minority Health Conference for Women

- ❖ As Board Chair for the New Hampshire Minority Health Coalition, led Board of Directors and Management team through search process to hire new executive director for the organization.
- ❖ Participates with state and local agencies on health related strategic planning processes.

PROFESSIONAL AND COMMUNITY AFFILIATIONS

- ❖ NH Charitable Foundation Regional Advisory Board Member, 2018
- ❖ NHN Foundation Board Member, 2018
- ❖ NH Public Health Association, 2014-present
 - ❖ Board Member 2011-2017
- ❖ Investing in Communities Initiatives, 2014-2016
 - ❖ Steering Committee
- ❖ Rivier University Committees
 - ❖ Faculty Development, Workload & Compensation Committee, 2014 - present
 - ❖ Presidents Diversity Council, 2014-present
 - ❖ Co-Chair, Faculty Development Committee, 2011 - 2014
 - ❖ Division of Nursing Curriculum Review Committee, 2013 – present
 - ❖ Division of Nursing Admission Committee, 2012 - present
 - ❖ Division of Nursing Co-Chair, Wellness Connection, 2012 - present
 - ❖ Division of Nursing Co-Chair, Research Ad-Hoc Committee, 2012 - present
- ❖ NH Nurses Association, 2012-present
 - ❖ President, 2016 -2018
 - ❖ President Elect, 2014 – 2016
 - ❖ Commission of Government Affairs Chair, 2013-2014
- Association of Public Health Nurses (Formerly ASTDN), 2012 – 2015
 - ❖ Director-at-Large
 - ❖ Chair, Education and Professional Development Committee, 2012 -2014
- ❖ Sustaining Voices for Minority Health Advocacy, 2011- 2013
 - ❖ Steering Committee member, 2011-2013
- ❖ NH Health and Equity Partnership, 2010 - present
 - ❖ Steering Committee member, 2010 - present
- ❖ Advisory Board Rivier School of Nursing 2010-2011
- ❖ Advisory Board of Nashua Community College Nursing Program, 2010-2011
- ❖ Office of Minority Health State Plan Advisory Member, 2009-2010
- ❖ Public Health Services Improvement Council Member, 2008-2010
- ❖ Disproportionate Minority Contact Member, 2008-2010
- ❖ Co-Chair of the Gate City Health & Wellness Immigrant Integration Initiative, 2008
- ❖ Association of State And Territorial Directors of Nursing, 2006-2012
 - ❖ Director-at-Large
 - ❖ Chair of Membership Committee, 2011-2012
- ❖ MA Public Health Association, 2006 - 2011
- ❖ Advisory Board of Nashua Area Health Agency, 2008-2010
- ❖ Stay'N Healthy Community Connection, 2007-2009
- ❖ Child Welfare Committee, 2007-2009
- ❖ Advisory Board of Nashua Community Technical College, 2007-2011
- ❖ American Nurses Association, 2007-present
- ❖ New Hampshire Minority Health Coalition Board of Directors, November 2005-2010
 - ❖ Board Chair: April 2006-2008
 - ❖ Vice Chair: April 2005- 2006

- ❖ NH Public Health Association Member, April 2005-2010
- ❖ Youth Services Advisory Board, 2003-2004
- ❖ UHN Cooperative Extension Council Member, 2003-2004
- ❖ NH HIV Community Planning Group, 2001-2010
 - ❖ Community Prevention Co-Chair, 2008-2010
 - ❖ Advisory, 2007-2008
 - ❖ Membership, Charter and Mission Chair: 2002-2006
 - ❖ Serve on Prevention and Care Committees: 2003 – 2006
- ❖ Child Health Services Board of Directors, 2001 - 2005

CERTIFICATIONS/SPECIAL RECOGNITIONS

- ❖ Induction to the Rivier Athletic Hall of Fame, 2015
- ❖ Sigma Theta Tau International Epsilon Nursing Honor Society, 2014
- ❖ Unsung Hero's Award, 2014
- ❖ Influential and Prominent Women, April 2014
- ❖ Presidents' Good Steward Award, April 2013
- ❖ New Futures Group Advocacy in Action Award, October 2012
- ❖ Certification in Public Health, The National Board of Public Health Examiners (NBPHE), August 2008
- ❖ Charter Class of Certified in Public Health, December 2008
- ❖ Northeast Regional Public Health Leadership Institute Scholars Program, Graduate July 2008

EDUCATION

- ❖ DrPH, Leadership Program University of Illinois at Chicago Graduate College School of Public Health 2015 DrPH Cohort
- ❖ Master of Science, Nursing
Nursing Education Track
Rivier University, December 2013
- ❖ Master of Public Health - Social and Behavioral Health, Disease and Health Promotion Concentration
Boston University School of Public Health, May 2002
- ❖ Bachelor of Science, Nursing Rivier-St Joseph School of Nursing, May 1997 Summa Cum Laude
- ❖ Associate of Science, Nursing Rivier-St. Joseph School of Nursing, May 1996
- ❖ Bachelor of Science, Biology (Minor: Chemistry) Montclair University, January 1986

City of Nashua
Division of Public Health and Community Services

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Bobbie D. Bagley	Director/Program Manager	\$99,889.00	0%	0%
Janet Graziano	Finance Manager	\$88,700.00	0%	0%



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



44 mac

Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

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

REQUESTED ACTION

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

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

Summary Chart

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

See attached Financial Detail Sheet

EXPLANATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

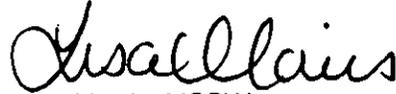
Area served: statewide.

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

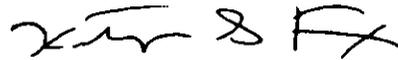
His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4

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

Respectfully submitted,

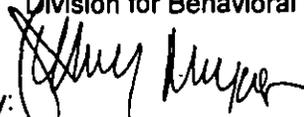


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

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

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

100% Federal Funds

CFDA #93.758

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

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

County of Cheshire

Vendor # 177372-B001

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

Goodwin Community Health

Vendor # 154703-B001

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

Granite United Way - Capital Region

Vendor # 160015-B001

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

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

Granite United Way -South Central Region

Vendor # 160015-B001

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

Lamprey Health Care

Vendor #177677-R001

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

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

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

Manchester Health Department

Vendor # 177433-B009

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

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

Mid-State Health Center

Vendor # 158055-B001

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

North Country Health Consortium

Vendor # 158557-B001

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

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

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

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

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

County of Cheshire

Vendor # 177372-B001

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

Goodwin Community Health

Vendor # 154703-B001

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

Granite United Way - Capital Region

Vendor # 160015-B001

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

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

Granite United Way -South Central Region

Vendor # 160015-B001

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

Lamprey Health Care

Vendor #177677-R001

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

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

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

Manchester Health Department

Vendor # 177433-B009

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

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

Mid-State Health Center

Vendor # 158055-B001

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

North Country Health Consortium

Vendor # 158557-B001

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

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

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds
CFDA #93.959 FAIN #TI010035**

City of Nashua

Vendor # 177441-B011

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

County of Cheshire

Vendor # 177372-B001

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

Goodwin Community Health

Vendor # 154703-B001

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

Granite United Way - Capital Region

Vendor # 160015-B001

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

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

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

Granite United Way -South Central Region

Vendor # 160015-B001

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

Lamprey Health Care

Vendor #177677-R001

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

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

Manchester Health Department

Vendor # 177433-B009

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

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

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

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

Mid-State Health Center

Vendor # 158055-B001

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

North Country Health Consortium

Vendor # 158557-B001

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

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

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

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

County of Cheshire

Vendor # 177372-B001

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

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Goodwin Community Health

Vendor # 154703-B001

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

Granite United Way - Capital Region

Vendor # 160015-B001

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

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

Granite United Way - South Central Region

Vendor # 160015-B001

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

Lamprey Health Care

Vendor #177677-R001

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

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

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

Manchester Health Department

Vendor # 177433-B009

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

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

Mid-State Health Center

Vendor # 158055-B001

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

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

North Country Health Consortium

Vendor # 158557-B001

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

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

Goodwin Community Health

Vendor # 154703-B001

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

Granite United Way - Capital Region

Vendor # 160015-B001

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

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

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

Mid-State Health Center

Vendor # 158055-B001

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

North Country Health Consortium

Vendor # 158557-B001

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

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

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

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



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

Regional Public Health Network
Services

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)

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

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

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



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

Regional Public Health Network
Services

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

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

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

- Neil Twitchell, Administrator I (TECH)
- Rob O'Hannon, Program Specialist III, (TECH)
- Jill Burke, Chief of Prev & Ed Svcs (TECH)
- Valerie Morgan, Administrator II (TECH)
- Jennifer Schirmer, Administrator I (TECH)
- Shelley Swanson, Administrator III, (COST)
- Laurie Heath, Administrator II (COST)
- Phillip Nadeau, Administrator III (COST)



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

Regional Public Health Network
Services
RFP Name

RFP-2018-DPHS-01-REGION
RFP Number

Reviewer Names

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

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

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

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

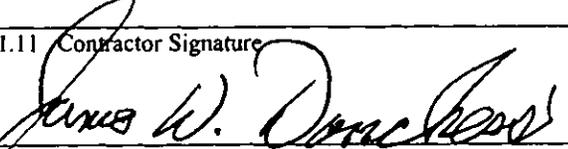
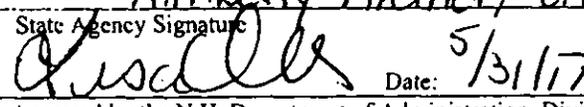
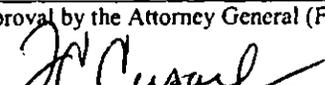
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name City of Nashua		1.4 Contractor Address 18 Mulberry Street Nashua, NH 03060	
1.5 Contractor Phone Number 603-589-4507	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$797,644
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory James W. Donchess, Mayor	
1.13 Acknowledgement: State of <u>New Hampshire</u> County of <u>Hillsborough</u> On <u>May 30, 2017</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  [Seal] </div> <div style="text-align: right;"> KIMBERLY KLEINER, Notary Public State of New Hampshire My Commission Expires June 16, 2021 </div> </div>			
1.13.2 Name and Title of Notary or Justice of the Peace <u>Kimberly Kleiner, Chief of Staff</u>			
1.14 State Agency Signature 		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: <u>6-2-17</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

Agreement. This provision shall survive termination of this Agreement.

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

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

2. Scope of Services

The Contractor shall:

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

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

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

[Handwritten Signature]
5/31/17



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

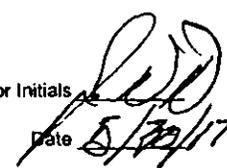

Date 5/22/17



Exhibit A

MCM ORR Schedule

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

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

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Exhibit A

- 3.1.2.9.1. Increase interoperability and functionality by ensuring that properly functioning public health information systems are available. Such systems must be capable of supporting syndromic surveillance, integrated surveillance, public health registries, situational awareness dashboards, and other public health and preparedness activities.
- 3.1.2.9.2. Ensure the safety and health of public health department staff who respond to an incident, including a large-scale incident that may require significant personnel from outside the health department through the following activities.
 - 3.1.2.9.2.1. Support fit testing and maintain respiratory protection programs for both public health and health care sector workforce.
 - 3.1.2.9.2.2. Promote coordinated training and maintenance of competencies among public health first responders, health care providers (including EMS), and others as appropriate, on the use of PPE and environmental decontamination. Training should follow Occupational Safety and Health Administration (OSHA) guidelines and state regulations.
 - 3.1.2.9.2.3. Ensure infectious disease response planning to identify and manage potentially infected interstate and international travelers and acquisition and deployment of immunizations and prophylactic medication as appropriate.
 - 3.1.2.9.2.4. Establish key indicators, critical information requirements, and essential elements of information that will assist with the timing of notifications, alerting, and coordinating responses to emerging or re-emerging infectious disease outbreaks of significant public importance, including novel or high-consequence pathogens.
 - 3.1.2.9.2.5. Create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological processes. Ensure the capacity to surge these systems and processes in response to incidents of public health significance.

3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.
- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.

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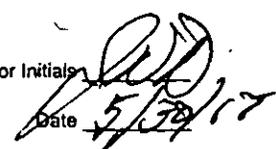


Exhibit A

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

3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.
- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.


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3.1.5. Continuum of Care

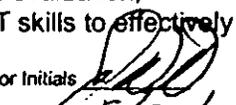
- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.
- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively


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lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.

4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

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

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

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

5. Reporting

The Contractor shall:

5.1.1. Site Visits

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

[Handwritten Signature]
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5.1.2. Public Health Advisory Council

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

5.1.3. Public Health Emergency Preparedness

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

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures
 - 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
 - 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
 - 5.1.4.1.5. Submit annual report
 - 5.1.4.1.6. Provide additional reports or data as required by the Department.
 - 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.


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5.1.5. Continuum of Care

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

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

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

6.1.2. Public Health Emergency Preparedness

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

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledge, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.

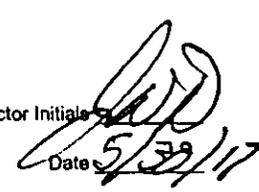

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Exhibit A

- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,
 - 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
 - 6.1.4.3.3. Exchange information on CoC development work and techniques.
 - 6.1.4.3.4. Assist in the development of measure for regional CoC development.
 - 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

7. Performance Measures

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

7.1.1. Public Health Advisory Council

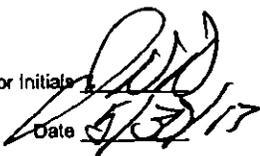
- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described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

7.1.2. Public Health Emergency Preparedness

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

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use


Date 5/31/17



- b) 30-day marijuana use
- c) 30-day illegal drug use
- d) Illicit drug use other than marijuana
- e) 30-day Nonmedical use of pain relievers
- f) Life time heroin use
- g) Binge Drinking
- h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

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

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

7.1.4. Young Adult Leadership

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

7.1.5. Continuum of Care

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

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

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5/10/17



Exhibit B

Method and Conditions Precedent to Payment

1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.

1.1. This contract is funded with funds from the:

1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037

1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds

1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds

1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796

1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.

2) Payment for said services shall be made monthly as follows:

2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.

2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.

2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice, and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.

2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.

[Handwritten Signature]
5/30/17



Exhibit B

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

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

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

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

[Handwritten Signature]
Date *5/30/17*

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

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

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Costs
1. Total Salary/Wages	\$ 14,169.00	\$ 1,429.00	\$ 15,598.00	
2. Employee Benefits	\$ 6,958.00	\$ -	\$ 6,958.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel		\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,600.00	\$ -	\$ 1,600.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 844.00	\$ -	\$ 844.00	
12. Subcontracts/Agreements	\$ 2,500.00	\$ -	\$ 2,500.00	
13. Other (specific details mandatory):	\$ 2,000.00	\$ -	\$ 2,000.00	
Regional Education/Events/Exercises \$1000	\$ -	\$ -	\$ -	
Printing \$1000	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 28,571.00	\$ 1,429.00	\$ 30,000.00	

5.0%

Indirect As A Percent of Direct

Contractor Initials: 

Date: 5/30/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: PHAC

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 14,632.00	\$ 1,429.00	\$ 16,061.00	
2. Employee Benefits	\$ 7,074.00	\$ -	\$ 7,074.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel		\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,600.00	\$ -	\$ 1,600.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,000.00	\$ -	\$ 1,000.00	
11. Staff Education and Training	\$ 1,000.00	\$ -	\$ 1,000.00	
12. Subcontracts/Agreements		\$ -	\$ -	
13. Other (specific details mandatory):	\$ 2,765.00	\$ -	\$ 2,765.00	
Annual Education/Events/Exercises \$1765	\$ -	\$ -	\$ -	
Printing \$5100	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 28,571.00	\$ 1,429.00	\$ 30,000.00	

Indirect As A Percent of Direct

5.0%

\$ -

Contractor Initials: AWD

Date: 5/30/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 128,397.00	\$ 9,524.00	\$137,921.00	
2. Employee Benefits	\$ 43,662.00	\$ -	\$ 43,662.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 5,490.00	\$ -	\$ 5,490.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,500.00	\$ -	\$ 2,500.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 3,000.00	\$ -	\$ 3,000.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 1,600.00	\$ -	\$ 1,600.00	
Regional Education/Events/Exercises \$600		\$ -	\$ -	
Printing \$500		\$ -	\$ -	
Memberships \$500		\$ -	\$ -	
TOTAL	\$ 185,149.00	\$ 9,524.00	\$194,673.00	

Indirect As A Percent of Direct

5.1%

Contractor Initials:

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: PHEP

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Fixed Cost
1. Total Salary/Wages	\$ 132,195.00	\$ 9,524.00	\$141,719.00	
2. Employee Benefits	\$ 46,692.00	\$ -	\$ 46,692.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 362.00	\$ -	\$ 362.00	
6. Travel	\$ 2,000.00	\$ -	\$ 2,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,500.00	\$ -	\$ 2,500.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 900.00	\$ -	\$ 900.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 500.00	\$ -	\$ 500.00	
Regional Education/Events/Exercises	\$ -	\$ -	\$ -	
Printing	\$ -	\$ -	\$ -	
Memberships \$500	\$ -	\$ -	\$ -	
TOTAL	\$ 185,149.00	\$ 9,524.00	\$194,673.00	

Indirect As A Percent of Direct

5.1%

Contractor Initials: *[Signature]*

Date: 5/20/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 42,839.00	\$ 3,564.00	\$ 46,403.00	
2. Employee Benefits	\$ 22,980.00	\$ -	\$ 22,980.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 700.00	\$ -	\$ 700.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 4,000.00	\$ -	\$ 4,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 700.00	\$ -	\$ 700.00	
11. Staff Education and Training	\$ 1,250.00	\$ -	\$ 1,250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 1,136.00	\$ -	\$ 1,136.00	
Regional Education/Events/Exercises \$136	\$ -	\$ -	\$ -	
Printing \$800	\$ -	\$ -	\$ -	
Memberships \$200	\$ -	\$ -	\$ -	
TOTAL	\$ 74,105.00	\$ 3,564.00	\$ 77,669.00	

Indirect As A Percent of Direct

4.8%

\$ -

Contractor Initials: _____

Date: _____


 Date: 5/30/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: SMP

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Fixed Cost
1. Total Salary/Wages	\$ 44,106.00	\$ 3,600.00	\$ 47,706.00	
2. Employee Benefits	\$ 21,706.00		\$ 21,706.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 4,000.00	\$ -	\$ 4,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,250.00	\$ -	\$ 1,250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 1,000.00	\$ -	\$ 1,000.00	
Regional Education/Events/Exercises	\$ -	\$ -	\$ -	
Printing \$800	\$ -	\$ -	\$ -	
Memberships \$200	\$ -	\$ -	\$ -	
TOTAL	\$ 72,562.00	\$ 3,600.00	\$ 76,162.00	

Indirect As A Percent of Direct

5.0%

Contractor Initials: 

Date: 5/30/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 46,305.00	\$ 3,854.00	\$ 50,159.00	
2. Employee Benefits	\$ 19,080.00	\$ -	\$ 19,080.00	
3. Consultants		\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 700.00	\$ -	\$ 700.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 541.00	\$ -	\$ 541.00	
6. Travel	\$ 4,000.00	\$ -	\$ 4,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,000.00	\$ -	\$ 1,000.00	
11. Staff Education and Training	\$ 2,300.00	\$ -	\$ 2,300.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 3,200.00	\$ -	\$ 3,200.00	
Regional Education/Events/Exercises \$2000	\$ -	\$ -	\$ -	
Printing \$1000	\$ -	\$ -	\$ -	
Memberships \$200	\$ -	\$ -	\$ -	
TOTAL	\$ 77,126.00	\$ 3,854.00	\$ 80,980.00	

Indirect As A Percent of Direct

5.0%

Contractor Initials: 

Date: 5/30/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 47,987.00	\$ 3,950.00	\$ 51,937.00	
2. Employee Benefits	\$ 19,400.00	\$ -	\$ 19,400.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)		\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 4,000.00	\$ -	\$ 4,000.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,000.00	\$ -	\$ 1,000.00	
11. Staff Education and Training	\$ 1,250.00	\$ -	\$ 1,250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ 4,400.00	\$ -	\$ 4,400.00	
Regional Education/Events/Exercises \$3200	\$ -	\$ -	\$ -	
Printing \$1000	\$ -	\$ -	\$ -	
Memberships \$200	\$ -	\$ -	\$ -	
TOTAL	\$ 78,537.00	\$ 3,950.00	\$ 82,487.00	

Indirect As A Percent of Direct

\$

5.0%

Contractor Initials: *[Signature]*

Date: 5/30/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: YAL
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 5,955.00	\$ 950.00	\$ 6,905.00	
2. Employee Benefits	\$ 2,988.00	\$ -	\$ 2,988.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 107.00	\$ -	\$ 107.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 10,000.00	\$ -	\$ 10,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 19,050.00	\$ 950.00	\$ 20,000.00	

Indirect As A Percent of Direct

5.0%

Contractor Initials: *[Signature]*

Date: 5/30/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: City of Nashua

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 6,153.00	\$ 950.00	\$ 7,103.00	
2. Employee Benefits	\$ 2,897.00	\$ -	\$ 2,897.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 10,000.00	\$ -	\$ 10,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 19,050.00	\$ 950.00	\$ 20,000.00	

Indirect As A Percent of Direct

5.0%

Contractor Initials: 

Date: 5/30/17



SPECIAL PROVISIONS

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

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

[Handwritten Signature]
Date 5/30/17



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

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

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

Paul
5/20/17

New Hampshire Department of Health and Human Services
Exhibit C



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

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

[Handwritten Signature]
Date: 5/20/17



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

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

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

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

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

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

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

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

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

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

[Handwritten Signature]
Date 5/20/17



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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

[Handwritten Signature]
5/30/15



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**
 Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

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

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

[Handwritten Signature]
5/30/17



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

[Handwritten Signature]
Date 5/30/17

New Hampshire Department of Health and Human Services
Exhibit D



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

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

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Date 5/30/17

Contractor Name:

Name:
Title:

James W. Decker

Contractor Initials

JD
Date 5/30/17



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

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

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

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

5/30/17
Date

Contractor Name:
Gene W. Danks
Name:
Title:

Contractor Initials [Signature]
Date 5/29/17



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

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

INSTRUCTIONS FOR CERTIFICATION

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

[Handwritten Signature]
Date 5/20/17



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

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

PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name:

5/20/17
Date

Name:
Title:

[Handwritten Signature]

Contractor Initials

Date

[Handwritten Initials]
5/20/17



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

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

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

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

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

Exhibit G

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

Contractor Initials

[Handwritten Signature]
Date *5/30/17*

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

Date 5/30/17

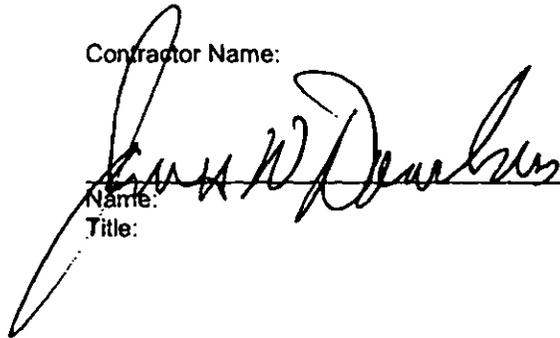
Contractor Name:

Name:
Title:

Exhibit G

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

Contractor Initials

Date 5/30/17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Date 5/20/17

Contractor Name:

James W. Decker
Name:
Title:

Contractor Initials JWD
Date 5/20/17



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) **Definitions.**

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

[Handwritten Signature]
5/20/17



Exhibit I

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

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

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

[Handwritten Signature]
5/20/17



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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

[Handwritten Signature]
5/30/17



Exhibit I

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

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

[Handwritten Signature]
Date 5/20/17



Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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

[Handwritten Signature]
5/30/17



Exhibit I

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

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

Department of Health and Human Services

The State

Lisa Morris

Signature of Authorized Representative

Lisa Morris, MSSW

Name of Authorized Representative

Director

Title of Authorized Representative

5/31/17

Date

Name of the Contractor

CITY OF NASHUA

Signature of Authorized Representative

JAMES W. DONCHESS

Name of Authorized Representative

MAYOR

Title of Authorized Representative

5/30/2017

Date

JWD
Date 5/30/17



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

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

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

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

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

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

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

5/30/17
Date

Contractor Name:
[Signature]
Name:
Title:

Contractor Initials: [Signature]
Date: 5/30/17



FORM A

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

1. The DUNS number for your entity is: 958298218
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: _____

[Handwritten Signature]
5/30/17



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

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

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the Manchester Health Department (hereinafter referred to as "the Contractor"), a municipality with a place of business at 1528 Elm Street, Manchester, NH 03101.

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

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

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

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

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,092,136.
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
3. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
4. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 4.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 4.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

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



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

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

The rest of this page left intentionally blank.



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

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

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

State of New Hampshire
Department of Health and Human Services

8/1/18
Date

[Signature]
Lisa Morris
Director

Manchester Health Department

7/26/18
Date

[Signature]
Name: Joyce Craig
Title: Mayor

Acknowledgement of Contractor's signature:

State of New Hampshire, County of Hillsborough on July 26, 2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

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

Ryan P. Mahoney
NOTARY PUBLIC
State of New Hampshire
My Commission Expires 2/11/2020

Ryan Mahoney, Notary Public
Name and Title of Notary or Justice of the Peace

My Commission Expires: 2/11/20

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



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

OFFICE OF THE ATTORNEY GENERAL

9/18/18
Date _____


Name: _____
Title: _____

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

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

2. Staffing

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



3. Reporting

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

4. Training and Technical Assistance Requirements

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

5. Performance Measures

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



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

JC
7/26/18

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

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

**Regional Public Health Network Services -
Budget Request for: CoC**

Budget Period: SFY 2019

Line/Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 28,080.00	\$ -	\$ 28,080.00	
2. Employee Benefits	\$ 5,363.50	\$ -	\$ 5,363.50	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 400.00	\$ -	\$ 400.00	
6. Travel	\$ 200.00	\$ -	\$ 200.00	
7. Occupancy	\$ 1,289.06	\$ -	\$ 1,289.06	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 500.00	\$ -	\$ 500.00	
9. Software	\$ 250.00	\$ -	\$ 250.00	
10. Marketing/Communications	\$ 225.00	\$ -	\$ 225.00	
11. Staff Education and Training	\$ 306.95	\$ -	\$ 306.95	
12. Subcontracts/Agreements	\$ 1,189.99	\$ -	\$ 1,189.99	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 37,804.50	\$ -	\$ 37,804.50	

Indirect As A Percent of Direct

0.0%

RFP-2018-DPHS-01-REGION-09

Contractor Initials: JC

Date: 7/26/18



A. Definitions

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

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

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

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



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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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



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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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



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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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



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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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



DHHS Information Security Requirements

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

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

JC

7/26/18



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

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

V. LOSS REPORTING

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

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

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

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

VI. PERSONS TO CONTACT

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

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

CERTIFICATE OF VOTE

I, Heather Freeman, Assistant City Clerk, do hereby certify that:
(Name of the City Clerk of the Municipality)

1. I am duly elected City Clerk of the City of Manchester
2. The following is a true copy of an action duly adopted at a meeting of the Board of Mayor and Aldermen duly held on July 17, 2018,

RESOLVED: That this Municipality enter into a contract amendment with the State of New Hampshire, Department of Health and Human Services.

RESOLVED: That Joyce Craig
(Mayor of the City of Manchester)

hereby is authorized on behalf of this municipality to enter into the said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate.

3. The foregoing action on has not been amended or revoked and remains in full force and effect as of August 16, 2018
4. Joyce Craig (is/are) the duly elected Mayor of the City of Manchester.

Heather Freeman
(Signature of the Clerk of the Municipality)
Assistant City Clerk

State of New Hampshire
County of Hillsborough

The foregoing instrument was acknowledge before me this 16th day of

August, 2018 by Heather Freeman
(Name of Person Signing Above)



Trisha Ballbach
(Name of Notary Public)

Title: Notary Public/Justice of the Peace
Commission Expires: June 4 2019

Kevin J. O'Neil
Risk Manager



CITY OF MANCHESTER
Office of Risk Management

CERTIFICATE OF COVERAGE

NH DHHS – BROWN BUILDING
129 Pleasant Street
Concord, New Hampshire 03301-3857

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage within the financial limits of RSA 507-B as follows:

	Limits of Liability (in thousands 000)	
GENERAL LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
AUTOMOBILE LIABILITY	Bodily Injury and Property Damage	
	Each Person	275
	Each Occurrence	925
WORKER'S COMPENSATION	Statutory Limits	

The City of Manchester, New Hampshire maintains a Self-Insured, Self-Funded Program and retains outside claim service administration. All coverages are continuous until otherwise notified. Effective on the date Certificate issued and expiring upon completion of contract. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the limits described herein is subject to all the terms, exclusions and conditions of RSA 507-B.

DESCRIPTION OF OPERATIONS/LOCATION/CONTRACT PERIOD

For the City of Manchester's Regional Public Health Network Services Contract from July 1, 2018 through June 30, 2019.

Issued the 31st day of May, 2018.

Risk Manager

One City Hall Plaza • Manchester, New Hampshire 03101 • (603) 624-6503 • FAX: (603) 624-6528

TTY: 1-800-735-2964

E-Mail: koneil@manchesternh.gov • Website: www.manchesternh.gov

Timothy M. Soucy, MPH, REHS
Public Health Director

Anna J. Thomas, MPH
Deputy Public Health Director



BOARD OF HEALTH
Stephanie P. Hewitt, MSN, FNP-BC
Elaine M. Michaud, Esquire
Christopher N. Skaperdas, DMD
Ellen Smith Tourigny
Tanya A. Tupick, DO

CITY OF MANCHESTER
Health Department

BOARD OF HEALTH MEMBERS:

Members: Elaine M. Michaud, Esquire
Devine, Millimet & Branch, P.A.

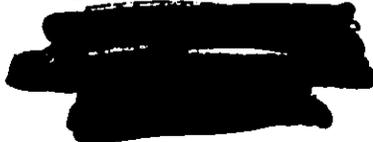
Christopher N. Skaperdas, DMD
Christopher N. Skaperdas, PLLC

Stephanie P. Hewitt, MSN, FNP-BC
Southern New Hampshire University

Ellen Smith Tourigny
Certified Chemistry Teacher
Central High School

Tanya A. Tupick, D.O.
Catholic Medical Center Urgent Care

Gabriela Walder



Education: State of NH Certified Public Management Program – Completed 2009

State of NH Certified Public Supervisor Program – Completed 2004

Southern New Hampshire University – Graduated May 2001

Master of Science in Accounting

Undertook and completed all coursework while employed full time

Southern New Hampshire University – Graduated May 1993

Bachelors in Business Administration – Major in Human Resources

Undertook and completed all coursework while employed full time

Manchester Central High School – Graduated June 1987

Excelled in advanced courses

11/04 to Present City of Manchester Health Dept/Business Svcs Officer

- * Administer & manage fiscal operations for Health Dept
- * Advise dept head & supervisory personnel on fiscal matters
- * Maintain and reconciles over 20 State and federally funded grants
- * Assist in the preparation of annual budget
- * Provide Human Resource support for all new hires and current employees
- * Process Accounts payable, payroll, & accounts receivables
- * Monitor & review general ledger, accounts receivable, payroll, purchasing, accounts payable, cash flow, budget, and other related reports as needed
- * Perform other directly related duties consistent the classification

7/98 to 11/04 City of Manchester HR/Compensation Mgr

- Process payroll for the City of Manchester
- Prepare reports in Cognos for departments as needed
- Prepare annual budgets for salary and benefits for entire City
- Prepare 941 and State Unemployment Rpt on quarterly basis
- Analyze and reconcile salary and benefit accounts
- Assisted in financial software conversion for entire City
- Supervise three employees
- Extensive knowledge of Federal & State labor laws

11/97 to 7/98 Manchester School District Account Clerk

- Processed payables for School department
- Prepared purchase orders as required by departments
- Analyzed and reconciled various accounts
- Prepared financial queries and reports as requested by Administrator



4/97 to 11/97 Digital Equipment Corporation CIP Accountant

- Maintained CIP balances and capitalized fixed assets
- Responsible for month end interplant processing and reconciliations
- Processed journal entries for CIP
- Processed paperwork for asset transfers and write-offs

11/95 to 4/97 Digital Equipment Corporation Lead Accountant

- Responsible for processing invoices for US and Canada
- Resolved problems/issues with vendors and buyers
- Reconciled several ledger accounts
- Prepared various monthly reports for management

4/94 to 11/95 Moore Business Forms Cost Accountant

- Assisted in preparation of quarterly and annual budgets
- Prepared normal hour rates, job costs, and accounting cost reports
- Assisted with weekly payroll processing
- Worked with monthly financial statements
- Performed other duties as requested by Accountant and Controller

8/90 to 4/94 Moore Business Forms Senior Accountant

- Reconciled several ledger accounts and worked with Financial Statements
- Approved the payment of invoices
- Controlled capital expenses and maintained fixed asset files
- Assisted with payroll and provided complete coverage when needed

3/89 to 8/90 Moore Business Forms Accounts Payable Clerk

- Processed invoices for payment and resolved problems as needed
- Verified information on invoices and matched to pertaining orders
- Maintained vendor files

5/88 to 3/89 Moore Business Forms Purchasing Clerk

- Contacted vendors regarding past due orders
- Responsible for special order materials
- Assisted the Purchasing Agent and the Accounts Payable Clerk

Technical

Skills: Proficient in Microsoft Word, Excel, PowerPoint, Cognos, HTE, AS-400 Query, can type over 65 w.p.m., fluent in writing and speaking Spanish.

Philip J. Alexakos, MPH, REHS

palexako@manchesternh.gov

EDUCATION

Bachelor of Science Degree, May 1994
Bates College, Lewiston, Maine
Major: Biology
3.0 GPA

Master of Public Health, May 2004
University of New Hampshire
Public Health Ecology Concentration
3.93 GPA

EXPERIENCE

5-07 to present **Public Health Preparedness Administrator**
(Chief of Environmental Health and Emergency Preparedness)
Manchester Health Department, Manchester, NH

Oversees all aspects of the environmental health program as noted below. Responsible for the completion of tasks as required by the public health preparedness grants received by the Department. Serve as the Director of the Greater Manchester Medical Reserve Corps. Serves as the Chair of the Regional Coordinating Committee (a.k.a. "Bioguys"). Functions as the liaison to all towns in the Greater Manchester Public Health Region. Teaches classes throughout the State on a variety of public health and preparedness topics. Serves on several preparedness and environmental health workgroups as requested.

8/10-present **Adjunct Faculty Member**
University of New Hampshire. Master of Public Health
Program

Teach a graduate level class on environmental health. Integrating broad global concepts and local application of interventions and strategies, this course is designed to require critical thinking and analysis of the effects of environmental health issues on all affected stakeholders.

12/01 to 5/07 **Senior Public Health Specialist and Supervisor of**
Environmental Health

Manchester Health Department, Manchester, NH

Immediate supervisor of the environmental health division. Performs all tasks under the senior environmental health specialist job description. Provides assistance to all staff in the division as well as peers across the Public Health Preparedness catchment area. Serves as an executive board member of food safety and lead poisoning prevention coalitions. Evaluates employees for performance and departmental objectives and outcomes. Teaches classes in core functions of public health and environmental health for the Institute for Local Public Health Practice.

**1/07 to 1/09 Adjunct Faculty Member
Southern New Hampshire University, School of Hospitality,
Tourism and Culinary Management**

Taught an undergraduate class on Sanitation, Safety and Security as it relates to food service, hospitality and hotel operations. This class incorporates two separate curricula. One, using the National Restaurant Association's ServSafe text and certification exam as a measurement of competency. The second using the American Hotel and Lodging Association's Security and Loss Prevention Management text with an optional certification exam to demonstrate competencies beyond the final exam.

**12/97- 12/01 Senior Environmental Health Specialist
Manchester Health Department, Manchester, NH**

Mentor to environmental health specialists. Performs duties as noted in environmental health specialist description below. In addition, performs subsurface sewage disposal systems inspections and soil analyses. Provides lead poisoning prevention education for property owners and tenants. Leads investigations of foodborne illnesses or other projects as assigned by the Head of the Division.

**12/94- 12/97 Environmental Health Specialist
Manchester Health Department, Manchester, NH**

Performs duties related to a comprehensive environmental health program, including but not limited to: inspection of food service establishments, inspection of institutional inspections, swimming pool inspections, plan review, investigation of public health nuisance complaints. Hosts, produces and edits "Our Public Health", a monthly, Manchester cable access program addressing important topics in public health, reaching a potential audience of 80,000 people.

**8/94-12/94 Chemistry Lab Instructor
Notre Dame College, Manchester, NH**

Responsible for the set-up and instruction of chemistry laboratory sessions in General Chemistry for science majors. Lectured for the Professor in her absence. Tutored students in Biology and Chemistry.

PROFESSIONAL QUALIFICATIONS

- Registered Environmental Health Specialist, NEHA, Certificate Number: 90000351
- Licensed Sub-Surface Sewage Disposal Systems Designer, State of NH, Permit Number : 1385
- State of NH Sub-Surface Sewage Disposal System, Inspector
- ServSafe Instructor/Proctor, National Restaurant Association, Certificate Number: 1076206
- Licensed Lead Sampling Technician, EPA, Certificate: LST-114
- Certified Pool Operator
- Certified HAPSITE Technician

PROFESSIONAL ORGANIZATIONS

- Member, National Environmental Health Association (NEHA), 2001- present
- Government Access Producer, Manchester Community Television, 1995- present
- Secretary, Northern New England Environmental Health Association, 2004- present
- Board Member, New Hampshire Indoor Air Quality Association-Manchester Chapter 2009
- Governor Appointee on the Counsel on the Relationship Between the Environment and Public Health, 2006-2010 (sunset)
- Director, Greater Manchester Medical Reserve Corps, August 2008-present
- Bed Bug Action Committee, 2009-present

CONTINUING EDUCATION

Foodborne Disease and Control, CDC, 1995
Hazard Analysis of Critical Control Points, FDA, 1995
Introduction to Soil Science, University of NH, 1996
Orientation to Indoor Air Quality, Harvard School of Public Health, 1996
Principles of Epidemiology, CDC, 1996
Investigation of an Outbreak of Pharyngitis, CDC, 1997
Epidemiology in Action, CDC/Emory University, Atlanta, GA, 1997
Communicable Disease Control, CDC, 1997
Food Microbiological Control, FDA, 1998
Investigating Foodborne Illness, FDA, 1999
Intermediate Methods in Epidemiology, CDC/Emory University, Atlanta, GA, 2000
Environmental Health Sciences, CDC, 2000
National Fire Academy, Bio-terrorism Training 2001
HAPSITE certification, December 2003
Level A Hazmat trained, 2003
Certified Pool Operator Class, 2003
NIMS Training and Certification, 2006

Avian Influenza Rapid Response, CDC, CSTE, 2007
Weapons of Mass Destruction Sampling, LSU, 2007
Incident Command Trainings (ICS-100, ICS-200, MGT-313)

COMMUNITY ACTIVITIES

- Referee, United States Soccer Federation (1988- 2002)
- Referee, National Intercollegiate Soccer Officials Association (1999- 2004)
- Referee, National Federation of High Schools (soccer) (1994-present)
- Volunteer Soccer Coach, U-6 to U-8 Indoor Soccer, NH SportsPlex (2006-present)
- Assistant Wrestling Coach, Manchester West High School (1994-1997)
- Volunteer Soccer Coach, Bedford Soccer League (2007-present)

Conversant in Spanish

References available upon request

PHILOSOPHY

Results Oriented Leader Pursuing Innovative Approaches to Measurably Improving Community Health and Quality of Life.
Strong Interpersonal Skills Combined with Independence, Adaptability and Ability to Make and Implement Difficult Decisions.

HONORS AND INTERESTS

Awarded 2009 Key to the City of Manchester, Presented by Mayor Frank C. Guinta
Awarded 2008 University of New Hampshire Department of Health Management and Policy Alumni Award
Awarded 2006 "Top Forty Under Forty in NH", The Union Leader and the Business and Industry Association of NH
Awarded 1998 Most Valuable Officer, Medical Command, New Hampshire Army National Guard
Awarded 1997 Smoke Free New Hampshire Alliance Award of Merit
Awarded 1995 Employee of the Year, City of Manchester Department of Health
Adjunct Instructor, Dartmouth College, Dartmouth Medical School
Guest Lecturer, University of New Hampshire, School of Health and Human Services
Instructor, New Hampshire Institute for Local Public Health Practice

EDUCATION

Master of Public Health	Dartmouth Medical School, Center for Clinical and Evaluative Sciences, Hanover, NH	2005
Graduate Certificate in Public Health	Johns Hopkins Bloomberg School of Public Health, Baltimore, MD - <i>CDC Scholarship Recipient</i>	2001
Principles of Epidemiology	Harvard School of Public Health, Cambridge, MA	1996
B.S. Health Management and Policy	University of New Hampshire, Durham, NH - <i>U.S. Army Scholarship Recipient</i>	1989

CONTINUING EDUCATION

Reasonable Suspicion Training for Supervisors	City of Manchester Human Resources Department, NH	2010
WMD Incident Management/Unified Command	Domestic Preparedness Campus, Texas A & M University	2008
National Incident Management System Introduction	Emergency Management Institute, Emmitsburg, MD	2008
Introduction to the Incident Command System	Emergency Management Institute, Emmitsburg, MD	2008
ICS for Single Resources and Initial Action Incidents	Emergency Management Institute, Emmitsburg, MD	2008
Introduction to GIS for Public Health Applications	CDC/National Center for Health Statistics, Washington, DC	1998
Introduction to Public Health Surveillance	CDC/Emory University, Atlanta, GA	1997
Measuring the Healthy People 2000 Objectives	CDC/National Center for Health Statistics, Washington, DC	1995
HIV/AIDS Counselor Partner Notification	NH Department of Health and Human Services, Concord, NH	1995

CERTIFICATIONS

Basic Emergency Medical Technician	National Registry of EMT's, Parkland Medical Center, Derry, NH	1995
C.P.R.	National Affiliate of American Heart Association, Parkland Medical Center, Derry, NH	1995
Aerobic Instructor	SANTE, Dover, NH	1988

LEADERSHIP

Heritage United Way	Board of Directors, Manchester, NH	2008-Present
Media Power Youth	Board of Directors, Manchester, NH	2007-Present
Mary Gale Foundation	Trustee, Manchester, NH	2007-Present
Manchester Weed and Seed Strategy	Planning and Steering Committee Member, Manchester, NH	2000-Present
Greater Manchester Association of Social Service Agencies	Executive Board, Manchester NH	1997-Present
Healthy Manchester Leadership Council	Member, Manchester, NH	1995-Present
Mayor's Study Committee on Sex Offenders	Member, Manchester, NH	2008-2009
Mental Health Center of Greater Manchester	Board of Directors, Manchester, NH	2002-2008
Leadership New Hampshire	Associate, Concord, NH	2006-2007
Seniors Count Initiative	Member, Manchester, NH	2004-2006
New Hampshire Public Health Association	Board of Directors, Concord, NH	1999-2003
Cultural Diversity Taskforce	Taskforce Member, Manchester, NH	1994-1996

PROFESSIONAL EXPERIENCE

CITY OF MANCHESTER DEPARTMENT OF HEALTH	Manchester, NH	1994 - Present
Deputy Public Health Director	05/07 - Present	
Provide Management, Supervisory and Technical Expertise Related to the Functions of a Multidisciplinary Local Public Health Department		
Direct Complex Public Health Assessment Activities and Design Community Intervention Strategies for Public Health Concerns		
Coordinate the Administration of Multiple Grant Programs and Participate in Resource Development for the Department and the Community		
Assume Duties of Public Health Director as Needed		
Public Health Administrator	06/06 – 05/07	
Headed the Community Epidemiology and Disease Prevention Division and Provided Operational Support to Communicable Disease Control Functions		
Provided Federal and State Grant Coordination and Leadership to Community Health Improvement Initiatives		
Assumed Duties of Public Health Director as Needed		
Community Epidemiologist/Health Alert Network Coordinator	11/02 – 06/06	
Headed the Public Health Assessment and Planning Division and the Health Alert Network of Greater Manchester Including Supervision of Staff		
Provided Oversight to Outside Funded Projects and Staff Including the U.S. Department of Justice Weed and Seed Strategy as well as the CDC Racial and Ethnic Approaches to Community Health 2010 Initiative		
Analyzed Population-Based Health Statistics and Provided Recommendations for Action in the Community for Public Health Improvement and Performance Measurement		
Public Health Epidemiologist	06/96 – 11/02	
Defined Key Public Health Indicators and Conducted Ongoing Assessment of Community Health Status		
Provided Continuous Analysis of Priority Areas as Identified by the Community to Help Shape Local and State Policies and Direction for Implementation of Effective Public Health Models		
Local Partnership Member in the Kellogg and Robert Wood Johnson Foundations' National Turning Point Initiative, "Collaborating for a New Century in Public Health"		
Tobacco Prevention Coalition Coordinator	11/95 - 12/96	
Mobilized the Community Through Youth Driven Initiatives		
Addressed Youth Access to Tobacco Products		
Prevented the Initiation of Tobacco Use by Children and Teens		
Community Health Coordinator	11/94 - 12/96	
Analyzed and Addressed Public Health Needs of Low-Income and Underserved Populations		
Coordinated Public Health Services with Community Health and Social Service Providers		
Project Coordinator for "Our Public Health" Monthly Cable TV Program with 50,000 Household Viewership		
Editor and Layout Designer for Quarterly Newsletter Sent to 400 Community and Health and Social Services Agencies		

COMMUNITY HEALTH IMPROVEMENT REPORTS

- Healthy Manchester Leadership Council Report, "*Believe in a Healthy Community: Greater Manchester Community Needs Assessment*", 2009 <http://www.manchesternh.gov/website/Departments/Health/DataandReports/tabid/700/Default.aspx>
- Healthy Manchester Leadership Council Report, "*Manchester's Health Care Safety Net – Intact But Endangered: A Call to Action*", 2008 <http://www.manchesternh.gov/website/Departments/Health/DataandReports/tabid/700/Default.aspx>
- Seniors Count Initiative, "*Aging in the City of Manchester: Profile of Senior Health and Well-Being*", 2006
- City of Manchester Department of Health, "*Public Health Report Cards*", 2005
<http://www.manchesternh.gov/website/Departments/Health/DataandReports/tabid/700/Default.aspx>
- City of Manchester Department of Health, "*Health Disparities Among Maternal and Child Health Populations in the City of Manchester Data Report*", 2000
- Healthy Manchester Leadership Council Report, "*The Oral Health Status of the City of Manchester, Action Speaks Louder Than Words*", 1999
- Healthy Manchester Leadership Council Report, "*Taking a Tough Look at Adolescent Pregnancy Prevention in the City of Manchester*", 1998
- United Way Compass Steering Committee, "*Community Needs Assessment of Greater Manchester Data Report*", 1997
- City of Manchester Department of Health, "*Public Health Report Cards*", Recognized in the National Directory of Community Health Report Cards, UCLA Center for Children, Families & Communities, 1996

PROFESSIONAL EXPERIENCE (CONTINUED)

JENNY CRAIG INTERNATIONAL	Del Mar, CA	1989-1994
Corporate Operational Systems Trainer	11/91 - 10/94	
Traveled Internationally to Conduct Training Seminars for 500 Corporate Owned and Franchisee Centers		
Sold and Provided Operational Systems and Services to Franchisee Centers in U.S., Canada, Puerto Rico and Mexico		
Installation	Setup	Training
Utilized Spanish Language Software	Implementation	Support
Developed Training Manuals, Seminar Handouts, Guides and Outlines		
Audited Individual Centers Overall Management Performance and Adherence to Information System Procedures		
Regional Assistant, Greater Boston Market	09/89 - 11/91	
Opened the First 24 Centers in the Northeast		
Provided Operational and Logistical Support including the Hiring and Training of New Employees		
Acquired, Summarized and Analyzed Performance Data from Centers		
Provided Corporate Office with Weekly Marketing Analysis		
GOLD'S GYM AND FITNESS	Dover, NH	1988-1989
Director of Aerobics and Fitness Instructor		
Counseled Members on Self-Improvement Motivation in Nutrition, Fitness and Cardiovascular Programs		

MILITARY SERVICE

U.S. ARMY MEDICAL SERVICE CORPS, Commissioned Officer, Major		1989-2005
New Hampshire Army National Guard	VA Hospital, Manchester, NH	1997-2005
Responsible for Operationally Supporting the Medical and Dental Readiness of Nearly 1800 NHARNG Soldiers		
Developed and Secured Funding for the Healthy NHARNG 2010 Wellness Initiative Designed to Improve Soldier Medical and Dental Readiness with a Special Emphasis on Individuals with Elevated Risk Factors for Poor Health Outcomes		
Presented on the Health Status of the NHARNG at the New England State Surgeons' Conference and the New Hampshire Senior NCO and Commanders' Conferences		
Served in the New Hampshire Army National Guard Counter Drug Task Force		
Massachusetts Army Reserve	Fort Devens, Devens, MA	1989-1997
Recipient of the U.S. Army Commendation Medal Awarded for Heroism, Meritorious Achievement and Service		
Directed 50 - 150 Troops Training and Discipline Including Team, Platoon and Detachment Leadership		
Developed Motivational Skills to Inspire Troops with High Fatigue Levels Under Stressful Conditions		

MILITARY TRAINING

AMEDD Officer Advanced Course	Academy of Health Sciences, Fort Sam Houston, TX	1996
Preventive Medicine		
Combat Health Services Planning and Estimation		
Nuclear, Biological and Chemical Threat		
Observer / Controller Qualification	78th Division, 3/310th Infantry Regiment, MA	1995
AMEDD Officer Basic Course	Academy of Health Sciences, Fort Sam Houston, TX	1990
Army Reserve Officers Training Course	University of New Hampshire, Durham, NH	1989
Distinguished Military Graduate		
Top 20% of 9,000 Nationally		
Directed 60 Cadets Training and Discipline		
Advanced Camp Training	Fort Bragg, NC	1988
Voluntary Officer Leadership Program	10th Mountain Division, Fort Drum, NY	1988

TIMOTHY M. SOUCY, MPH, REHS

SUMMARY OF QUALIFICATIONS

- 24-Year Manchester Health Department Employee, 20-Year Senior Manager
- Recognized Public Health Leader in City of Manchester and State of New Hampshire
- Experienced in Managing Employees and Budgets
- Lifelong Manchester, New Hampshire Resident

EDUCATION

- Master of Public Health Degree May 1998 Boston University School of Public Health, Boston, Massachusetts
Concentration: Environmental Health
- Bachelor of Science Degree May 1989 University of Vermont, Burlington, Vermont
Major: Biology

PROFESSIONAL PUBLIC HEALTH EXPERIENCE

02/90 – Present: Manchester Health Department

12/06 – Present: Public Health Director

As the Chief Administrative Officer provides administrative oversight to all operations and activities of the Manchester Health Department including exclusive personnel responsibility, supervisory authority and budgetary authority. The Manchester Health Department routinely assesses the health of the community and recommends appropriate policies, ordinances and programs to improve the health of the community. The Department investigates and controls communicable diseases, completes environmental inspections and investigations necessary to protect the public health and is also responsible for the provision of school health services for Manchester school children. The Public Health Director also serves as the Executive Director of the Health Care for the Homeless Program (330-h) and has overseen the AmeriCorps VISTA Program and Weed & Seed Strategy.

11/02 – 06/06: Public Health Preparedness Administrator

Carried out all functions of Chief of Environmental Health. In addition, planned, directed and supervised all activities to assure local readiness, interagency collaboration, and preparedness for bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies. Secured over two million dollars (\$2,000,000) in federal public health preparedness funding for the City of Manchester since 2002. Experienced in Manchester Emergency Operations Center (EOC) operations.

08/94 – 11/02: Chief, Division of Environmental Health

Planned, directed and supervised all environmental health activities carried out within the City of Manchester. Evaluated and recommended public health standards, ordinances and legislation. Advised governmental leaders, community representatives, and the general public on environmental health issues. Planned and conducted professional public health training programs. Coordinated epidemiological investigations for specific disease outbreaks. Supervised division staff and evaluated personnel performance.

02/90 - 08/94: Environmental Health Specialist / Sanitarian

Performed duties related to a comprehensive environmental health program, including, but not limited to inspection of food service facilities, investigation of foodborne illnesses, inspection of institutional facilities, swimming pool inspections, indoor air quality investigations, inspections of septic systems, investigation of public health nuisances, and investigation of childhood lead poisoning cases.

PROFESSIONAL CERTIFICATIONS

- Registered Environmental Health Specialist, National Environmental Health Association, Number 85241 (Inactive)
- Designer of Subsurface Sewage Disposal Systems, State of New Hampshire, Permit number 1273 (Active)
- ServSafe Food Protection Manager Certification Course, National Restaurant Association, 1998 (Inactive)

(W) MANCHESTER HEALTH DEPARTMENT, 1528 ELM STREET
MANCHESTER, NEW HAMPSHIRE 03101

PHONE (W): (603) 624-6466 X301 FAX (W): (603) 628-6004
E-MAIL (W): TSOUCY@MANCHESTERNH.GOV

PROFESSIONAL ORGANIZATIONS

- Member, National Association of County & City Health Officials (NACCHO)
- Member, American Public Health Association (APHA)
- Member, National Environmental Health Association, (NEHA)
- Member, New Hampshire Public Health Association (NHPHA)
- Member, New Hampshire Health Officer Association (NHHOA)

HONORS AND RECOGNITIONS

- Presenter, NACCHO Leadership Graduation, 2013
- Appointee, New Hampshire Health Exchange Advisory Board, 2012 - Present
- Poster Session, NACCHO Annual Conference, 2010
- Presenter, NALBOH Annual Conference, 2009
- Presented with Key to the City, Honorable Mayor Frank C Guinta, 2009
- Vice-Chair, Survive & Thrive Workgroup, National Association of County & City Health Officials 2009 – 2013
- Fellow, Survive & Thrive, National Association of County & City Health Officials 2008 – 2009
- Guest Lecturer, University of New Hampshire, MPH, MPA and Undergraduate Programs 2006- Present
- Associate, Leadership New Hampshire, Class of 2005
- 40 Under Forty, The Union Leader & Business and Industry Association of New Hampshire, Class of 2004
- Appointee, Legislative Study Committee for Public Health and the Environment, 2000-2003
- Inductee, Delta Omega, Public Health Honor Society, Boston University School of Public Health 1998

CONTINUING EDUCATION

- Reasonable Suspicion Supervisory Training, City of Manchester Human Resources, 2010
- New Hampshire Department of Environmental Services, Subsurface Bureau Educational Seminars, 2010 & 2012
- ICS 300, MGT 313, Incident Management/Unified Command, Texas A&M, 2008
- MGT -100 WMD Incident Management/Unified Command Concept, Texas A&M, 2008
- ICS 100, ICS 200, US Department of Homeland Security, 2008
- Bi-State Primary Care Association, Primary Care Conference, 2007
- Public Health Preparedness Summit, National Association of City & County Health Officials, 2006
- National Incident Management Systems (NIMS), US Department of Homeland Security, 2005
- Healthcare Leadership & Administrative Decision-Making in Response to Weapons of Mass Destruction (WMD) Incident US Federal Emergency Management Agency, 2004
- Forensic Epidemiology, US Department of Justice & US Centers for Disease Control & Prevention, 2003
- BioDefense Mobilization Conference, University of Washington, School of Public Health, 2002
- Emergency Response to Domestic Biological Incidents, US Department of Justice & LSU, 2001
- Financial Skills for Non-Financial Managers, University of New Hampshire, 2001
- National Environmental Health Association Annual Education Conference, NEHA, 2000
- Management Perspectives for Public Health Practitioners, US Centers for Disease Control & Prevention, 2000
- Investigating Foodborne Illnesses, US Food & Drug Administration, 1999
- Environmental Health Risks to Children, US Environmental Protection Agency, 1998
- Food Microbiological Control, US Food & Drug Administration, 1998
- Computer Assisted Modeling for Emergency Operations (CAMEO), Harvard School of Public Health, 1997
- Local Radon Coordinators Network Training, National Association of City & County Health Officials, 1996
- Introduction to Indoor Air Quality, US Environmental Protection Agency & Harvard University, 1995
- Hazard Analysis & Critical Control Point (HACCP), US Food & Drug Administration, 1995
- Safety Measurement, Bloodborne Pathogens, Confined Space Entry, University of New Hampshire, 1994
- Environmental Health Sciences, US Centers for Disease Control & Prevention, 1992
- Field Description of Soils, University of New Hampshire, 1992
- Kentucky Lead Training Workshop, Jefferson County Health Department, 1991
- Foodborne Disease Control, US Centers for Disease Control & Prevention, 1991
- Lead Paint Inspectors Course, PCG PRO-Tech Services, Massachusetts, 1990

COMMUNITY ACTIVITIES

- Member, Manchester Community Health Center CEO Search Committee, 2012-2013
- Member, Management Team, Manchester Homeless Day Center 2012 - Present
- Member, Board of Directors, Families in Transition, Housing Benefits, Inc., 2010 – Present
- Member, Board of Directors, Mental Health Center of Greater Manchester, 2008 – Present (Board Chair 2012 – Present)
- Leadership Greater Manchester Steering Committee, Greater Manchester Chamber of Commerce, 2008 – Present
- Volunteer, Dance Visions Network, 2007 - Present
- Member, Seniors Count Collaborating Council, Easter Seals of New Hampshire, 2006 - Present
- Member, Board of Directors, New Horizons for New Hampshire, 2004 – 2010 (Board President 2007-2009)
- Coach, Parker Varney Girls Basketball Team, 2004-2005
- Assistant Coach, Rising Stars Recreation Soccer League, 2002
- Assistant Coach, Manchester Angels Recreation Soccer League, 2001-2003
- Member, Advisory Council, Endowment for Health, Inc. 2000-2003
- Assistant Coach, Manchester West Junior Soccer League, 2000-2003
- Assistant Coach, Manchester West Junior Deb Softball League, 2000
- Member, Allocations Committee, United Way of Greater Manchester, 1998-2003
- Health Department Campaign Coordinator, Granite United Way, 1996, 2008 - 2013

CITY OF MANCHESTER ACTIVITIES

- Appointee, City of Manchester Ambulance Review Committee, 2013 - Present
- Appointee, City of Manchester Enterprise Resource Planning Committee, 2012 – Present
- Appointee, City of Manchester Labor / Management Committee, 2011 – Present
- Appointee, City of Manchester Local Emergency Planning Committee, 2011 – Present
- Appointee, City of Manchester Refugee and Immigrant Integration Task Force, 2010 - Present
- Appointee, City of Manchester 10-Year Plan to End Homelessness, 2010 - Present
- Appointee, City of Manchester Quality Council, 2008 – Present
- Appointee, City of Manchester AFSCME Sick Leave Bank, 2006- Present

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Timothy Soucy	Public Health Director	\$142,644	0.0%	\$0.00
Anna Thomas	Deputy Public Health Director	\$112,087	0.0%	\$0.00
Phil Alexakos	Public Health Preparedness Administrator	\$95,316	0.0%	\$0.00
Gabriela Walder	Business Services Officer	\$94,698	0.0%	\$0.00



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



44 mac

Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

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

REQUESTED ACTION

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

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

Summary Chart

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

See attached Financial Detail Sheet

EXPLANATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Area served: statewide.

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

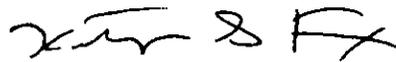
His Excellency, Governor Christopher T. Sununu
and the Honorable Council
Page 4

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

Respectfully submitted,

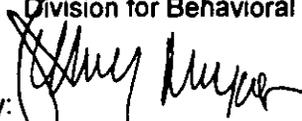


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

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

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

100% Federal Funds

CFDA #93.758

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

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

County of Cheshire

Vendor # 177372-B001

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

Goodwin Community Health

Vendor # 154703-B001

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

Granite United Way - Capital Region

Vendor # 160015-B001

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

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

Granite United Way -South Central Region

Vendor # 160015-B001

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

Lamprey Health Care

Vendor #177677-R001

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

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

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

Manchester Health Department

Vendor # 177433-B009

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

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

Mid-State Health Center

Vendor # 158055-B001

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

North Country Health Consortium

Vendor # 158557-B001

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

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

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

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

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

County of Cheshire

Vendor # 177372-B001

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

Goodwin Community Health

Vendor # 154703-B001

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

Granite United Way - Capital Region

Vendor # 160015-B001

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

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

Granite United Way - South Central Region

Vendor # 160015-B001

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

Lamprey Health Care

Vendor #177677-R001

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

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

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

Manchester Health Department

Vendor # 177433-B009

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

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

Mid-State Health Center

Vendor # 158055-B001

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

North Country Health Consortium

Vendor # 158557-B001

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

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

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds
CFDA #93.959 FAIN #TI010035**

City of Nashua

Vendor # 177441-B011

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

County of Cheshire

Vendor # 177372-B001

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

Goodwin Community Health

Vendor # 154703-B001

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

Granite United Way - Capital Region

Vendor # 160015-B001

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

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

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

Granite United Way -South Central Region

Vendor # 160015-B001

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

Lamprey Health Care

Vendor #177677-R001

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

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

Manchester Health Department

Vendor # 177433-B009

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

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

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

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

Mid-State Health Center

Vendor # 158055-B001

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

North Country Health Consortium

Vendor # 158557-B001

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

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

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

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

County of Cheshire

Vendor # 177372-B001

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

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

Goodwin Community Health

Vendor # 154703-B001

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

Granite United Way - Capital Region

Vendor # 160015-B001

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

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

Granite United Way - South Central Region

Vendor # 160015-B001

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

Lamprey Health Care

Vendor #177677-R001

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

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

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

Manchester Health Department

Vendor # 177433-B009

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

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

Mid-State Health Center

Vendor # 158055-B001

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

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

North Country Health Consortium

Vendor # 158557-B001

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

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

Goodwin Community Health

Vendor # 154703-B001

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

Granite United Way - Capital Region

Vendor # 160015-B001

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

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

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

Mid-State Health Center

Vendor # 158055-B001

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

North Country Health Consortium

Vendor # 158557-B001

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

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

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

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



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

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)

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

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

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



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

Regional Public Health Network
Services

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

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

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

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



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

Regional Public Health Network
Services
RFP Name

RFP-2018-DPHS-01-REGION
RFP Number

Reviewer Names

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

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

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

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-09

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Manchester Health Department		1.4 Contractor Address 1528 Elm Street Manchester, NH 03101	
1.5 Contractor Phone Number 603-624-6466 ext 301	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731,	1.7 Completion Date 06/30/19	1.8 Price Limitation \$1,167,744
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature <i>Theodore Gatsas</i>		1.12 Name and Title of Contractor Signatory Theodore Gatsas, Mayor	
1.13 Acknowledgement: State of <u>NH</u> , County of <u>Hillsborough</u> On <u>5-17-17</u> , before the undersigned officer, personally appeared the person identified in block 1.12, or satisfactorily proven to be the person whose name is signed in block 1.11, and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal] <i>Cecelia Buckley</i>		CECELIA BUCKLEY Notary Public - Justice of the Peace My Commission Expires October 16, 2018	
1.13.2 Name and Title of Notary or Justice of the Peace <i>Cecelia Buckley, Justice of the Peace</i>			
1.14 State Agency Signature <i>Lisa Morris</i> Date: <u>5/25/17</u>		1.15 Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By: <i>[Signature]</i> <u>Megan A. [Signature]</u> <u>6/5/16</u>			
1.18 Approval by the Governor and Executive Council (if applicable) By: _____ On: _____			

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

Agreement. This provision shall survive termination of this Agreement.

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

8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

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

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

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

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

19. CONSTRUCTION OF AGREEMENT AND TERMS.

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

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

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

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

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

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



Scope of Services

1. Provisions Applicable to All Services

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

2. Scope of Services

The Contractor shall:

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

3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

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



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



MCM ORR Schedule

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

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

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Exhibit A

- 3.1.2.9.1. Increase interoperability and functionality by ensuring that properly functioning public health information systems are available. Such systems must be capable of supporting syndromic surveillance, integrated surveillance, public health registries, situational awareness dashboards, and other public health and preparedness activities.
- 3.1.2.9.2. Ensure the safety and health of public health department staff who respond to an incident, including a large-scale incident that may require significant personnel from outside the health department through the following activities.
 - 3.1.2.9.2.1. Support fit testing and maintain respiratory protection programs for both public health and health care sector workforce.
 - 3.1.2.9.2.2. Promote coordinated training and maintenance of competencies among public health first responders, health care providers (including EMS), and others as appropriate, on the use of PPE and environmental decontamination. Training should follow Occupational Safety and Health Administration (OSHA) guidelines and state regulations.
 - 3.1.2.9.2.3. Ensure infectious disease response planning to identify and manage potentially infected interstate and international travelers and acquisition and deployment of immunizations and prophylactic medication as appropriate.
 - 3.1.2.9.2.4. Establish key indicators, critical information requirements, and essential elements of information that will assist with the timing of notifications, alerting, and coordinating responses to emerging or re-emerging infectious disease outbreaks of significant public importance, including novel or high-consequence pathogens.
 - 3.1.2.9.2.5. Create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological processes. Ensure the capacity to surge these systems and processes in response to incidents of public health significance.

3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.
- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.



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- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan and the State Health Improvement Plan).
 - 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
 - 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
 - 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
 - 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document. (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
 - 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
 - 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.
- 3.1.4. Young Adult Leadership Program**
- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.
 - 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
 - 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
 - 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
 - 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
 - 3.1.4.6. Serve as direct liaison with BDAS throughout the project.



3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.
- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.
- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

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3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

4. Staffing

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



such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.

4.3. Table 1 – Minimum Staffing Requirements

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

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

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

5. Reporting

The Contractor shall:

5.1.1. Site Visits

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

5.1.2. Public Health Advisory Council

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

J.G.
 Date 5/17/17



5.1.3. Public Health Emergency Preparedness

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

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures
 - 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
 - 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
 - 5.1.4.1.5. Submit annual report
 - 5.1.4.1.6. Provide additional reports or data as required by the Department.
 - 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.

5.1.5. Continuum of Care

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



5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

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

6.1.2. Public Health Emergency Preparedness

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

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.
- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).



6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.

6.1.4.2. Attend every other month CoC Facilitator meetings.

6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:

6.1.4.3.1. Receive information on emerging initiatives and opportunities,

6.1.4.3.2. Discuss best ways to integrate new information and initiatives.

6.1.4.3.3. Exchange information on CoC development work and techniques.

6.1.4.3.4. Assist in the development of measure for regional CoC development.

6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.

6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance

6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

6.1.5. Young Adult Strategies

6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.

6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.

7. Performance Measures

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

7.1.1. Public Health Advisory Council

7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).

7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.



- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

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

7.1.3. Substance Misuse Prevention

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

Increase in perception of risk:

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

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

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.



-
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.
 - 7.1.5. **Continuum of Care**
 - 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
 - 7.1.5.2. Annual update of regional CoC development plan.
 - 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.
 - 7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.
 - 7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.
 - 7.1.6. **Young Adults Strategies**
 - 7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:
 - 7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use
 - 7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use
 - 7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids
 - 7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse
 - 7.1.6.1.5. Participants will report an increase in coping mechanisms to stress
 - 7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain
 - 7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse
 - 7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.
 - 7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.
 - 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.



Exhibit B

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

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

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

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

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 14,297.34	\$ -	\$ 14,297.34	
2. Employee Benefits	\$ 5,678.91	\$ -	\$ 5,678.91	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 500.00	\$ -	\$ 500.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 2,023.75	\$ -	\$ 2,023.75	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ -	\$ 500.00	
12. Subcontracts/Agreements	\$ 5,000.00	\$ -	\$ 5,000.00	
13. Other (specific details mandatory):	\$ 1,500.00	\$ -	\$ 1,500.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 30,000.00	\$ -	\$ 30,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2019

Line/Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 14,297.34	\$ -	\$ 14,297.34	
2. Employee Benefits	\$ 5,678.91	\$ -	\$ 5,678.91	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 500.00	\$ -	\$ 500.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 500.00	\$ -	\$ 500.00	
6. Travel	\$ 2,023.75	\$ -	\$ 2,023.75	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ -	\$ -	\$ -	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 500.00	\$ -	\$ 500.00	
12. Subcontracts/Agreements	\$ 5,000.00	\$ -	\$ 5,000.00	
13. Other (specific details mandatory):	\$ 1,500.00	\$ -	\$ 1,500.00	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 30,000.00	\$ -	\$ 30,000.00	

Indirect As A Percent of Direct

0.0%

\$ -

Contractor Initials:

T.G.

Date:

5/17/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$182,383.00	\$ -	\$182,383.00	
2. Employee Benefits	\$99,490.00	\$ -	\$ 99,490.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 3,350.00	\$ -	\$ 3,350.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 285,223.00	\$ -	\$285,223.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: J.g

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 182,383.00	\$ -	\$182,383.00	
2. Employee Benefits	\$ 99,490.00	\$ -	\$ 99,490.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ -	\$ -	\$ -	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 3,350.00	\$ -	\$ 3,350.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 285,223.00	\$ -	\$285,223.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: J.G.

Date: 5/17/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 62,400.00	\$ -	\$ 62,400.00	
2. Employee Benefits	\$ 11,918.40	\$ -	\$ 11,918.40	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 800.00	\$ -	\$ 800.00	
6. Travel	\$ 200.00	\$ -	\$ 200.00	
7. Occupancy	\$ 2,150.00	\$ -	\$ 2,150.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ 500.00	\$ -	\$ 500.00	
10. Marketing/Communications	\$ 1,050.00	\$ -	\$ 1,050.00	
11. Staff Education and Training	\$ 442.07	\$ -	\$ 442.07	
12. Subcontracts/Agreements	\$ 2,379.53	\$ -	\$ 2,379.53	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 83,040.00	\$ -	\$ 83,040.00	

Indirect As A Percent of Direct

\$ -

0.0%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 62,400.00	\$ -	\$ 62,400.00	
2. Employee Benefits	\$ 11,918.40	\$ -	\$ 11,918.40	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 800.00	\$ -	\$ 800.00	
6. Travel	\$ 200.00	\$ -	\$ 200.00	
7. Occupancy	\$ 2,150.00	\$ -	\$ 2,150.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ 500.00	\$ -	\$ 500.00	
10. Marketing/Communications	\$ 1,050.00	\$ -	\$ 1,050.00	
11. Staff Education and Training	\$ 442.07	\$ -	\$ 442.07	
12. Subcontracts/Agreements	\$ 2,379.53	\$ -	\$ 2,379.53	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 83,040.00	\$ -	\$ 83,040.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: J.G.

Date: 5/17/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 56,160.00	\$ -	\$ 56,160.00	
2. Employee Benefits	\$ 10,727.00	\$ -	\$ 10,727.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 800.00	\$ -	\$ 800.00	
6. Travel	\$ 200.00	\$ -	\$ 200.00	
7. Occupancy	\$ 2,150.00	\$ -	\$ 2,150.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ 500.00	\$ -	\$ 500.00	
10. Marketing/Communications	\$ 1,050.00	\$ -	\$ 1,050.00	
11. Staff Education and Training	\$ 442.07	\$ -	\$ 442.07	
12. Subcontracts/Agreements	\$ 2,379.93	\$ -	\$ 2,379.93	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 75,609.00	\$ -	\$ 75,609.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: J.G.

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 56,160.00	\$ -	\$ 56,160.00	
2. Employee Benefits	\$ 10,727.00	\$ -	\$ 10,727.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 800.00	\$ -	\$ 800.00	
6. Travel	\$ 200.00	\$ -	\$ 200.00	
7. Occupancy	\$ 2,150.00	\$ -	\$ 2,150.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ 500.00	\$ -	\$ 500.00	
10. Marketing/Communications	\$ 1,050.00	\$ -	\$ 1,050.00	
11. Staff Education and Training	\$ 442.07	\$ -	\$ 442.07	
12. Subcontracts/Agreements	\$ 2,379.93	\$ -	\$ 2,379.93	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 75,609.00	\$ -	\$ 75,609.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2018

Line Item	Direct: Incremental	Indirect: Fixed	Total	Allocation Method for: Indirect/Fixed Costs
1. Total Salary/Wages	\$ 3,900.00	\$ -	\$ 3,900.00	
2. Employee Benefits	\$ 744.90	\$ -	\$ 744.90	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 100.00	\$ -	\$ 100.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ 755.10	\$ -	\$ 755.10	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,000.00	\$ -	\$ 1,000.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,500.00	\$ -	\$ 1,500.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ -	\$ 12,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 20,000.00	\$ -	\$ 20,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 3,900.00	\$ -	\$ 3,900.00	
2. Employee Benefits	\$ 744.90	\$ -	\$ 744.90	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 100.00	\$ -	\$ 100.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ 755.10	\$ -	\$ 755.10	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,000.00	\$ -	\$ 1,000.00	
9. Software	\$ -	\$ -	\$ -	
10. Marketing/Communications	\$ 1,500.00	\$ -	\$ 1,500.00	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ -	\$ 12,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 20,000.00	\$ -	\$ 20,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 56,160.00	\$ -	\$ 56,160.00	
2. Employee Benefits	\$ 10,727.00	\$ -	\$ 10,727.00	
3. Consultants	\$ 13,063.00	\$ -	\$ 13,063.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 2,500.00	\$ -	\$ 2,500.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 600.00	\$ -	\$ 600.00	
6. Travel	\$ 600.00	\$ -	\$ 600.00	
7. Occupancy	\$ 2,150.00	\$ -	\$ 2,150.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,200.00	\$ -	\$ 1,200.00	
9. Software	\$ 450.00	\$ -	\$ 450.00	
10. Marketing/Communications	\$ 900.00	\$ -	\$ 900.00	
11. Staff Education and Training	\$ 300.00	\$ -	\$ 300.00	
12. Subcontracts/Agreements	\$ 1,350.00	\$ -	\$ 1,350.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,200.00	\$ 11,191.00	\$ 90,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: T.G.

Date: 5/17/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: Manchester Health Department

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

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 56,160.00	\$ -	\$ 56,160.00	
2. Employee Benefits	\$ 10,727.00	\$ -	\$ 10,727.00	
3. Consultants	\$ 7,500.00	\$ -	\$ 7,500.00	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ 750.00	\$ -	\$ 750.00	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 2,413.00	\$ -	\$ 2,413.00	
6. Travel	\$ 600.00	\$ -	\$ 600.00	
7. Occupancy	\$ 3,000.00	\$ -	\$ 3,000.00	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 2,000.00	\$ -	\$ 2,000.00	
9. Software	\$ 500.00	\$ -	\$ 500.00	
10. Marketing/Communications	\$ 2,500.00	\$ -	\$ 2,500.00	
11. Staff Education and Training	\$ 2,500.00	\$ -	\$ 2,500.00	
12. Subcontracts/Agreements	\$ 1,350.00	\$ -	\$ 1,350.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 90,000.00	\$ -	\$ 90,000.00	

Indirect As A Percent of Direct

0.0%

Contractor Initials: T.G.

Date: 5/17/17



SPECIAL PROVISIONS

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

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



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

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

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



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

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



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

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

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

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

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

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

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

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

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

New Hampshire Department of Health and Human Services
Exhibit C



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

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

DEFINITIONS

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

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

DEPARTMENT: NH Department of Health and Human Services.

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

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

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

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

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

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



Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

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

10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.

10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.

10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.

10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.

10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. Extension:

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

4. Insurance

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

14.1.1 Comprehensive general liability against all claims of bodily injury, death or property damage, in amounts of not less than \$275,000 per claim and \$925,000 per occurrence.



CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

New Hampshire Department of Health and Human Services
Exhibit D



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

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

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

Contractor Name:

5/17/17
Date

Theodore Gatsas
Name: Theodore Gatsas
Title: Mayor



CERTIFICATION REGARDING LOBBYING

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

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

Programs (indicate applicable program covered):

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

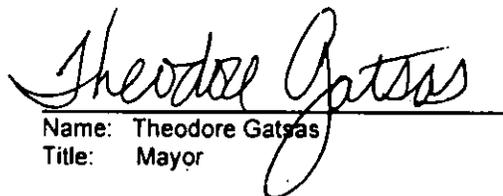
The undersigned certifies, to the best of his or her knowledge and belief, that:

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

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

Contractor Name:

5/17/2017
Date


Name: Theodore Gatsas
Title: Mayor



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

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

INSTRUCTIONS FOR CERTIFICATION

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



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

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

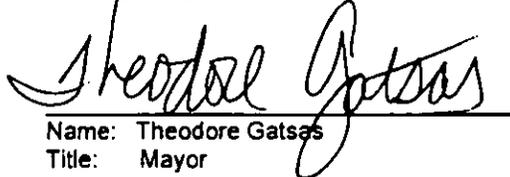
PRIMARY COVERED TRANSACTIONS

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

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name:


Name: Theodore Gatsas
Title: Mayor

5/17/2017
Date



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

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

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

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

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

Exhibit G

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

Contractor Initials

T.G.

Date

5/17/17

New Hampshire Department of Health and Human Services
Exhibit G



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

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

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

5/17/2017
Date

Contractor Name:

Theodore Gatsas
Name: Theodore Gatsas
Title: Mayor

Exhibit G

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

Contractor Initials

T.G.

Date

5/17/17



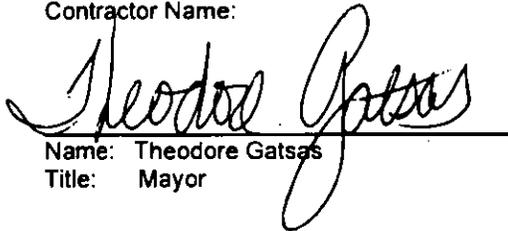
CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name:



Name: Theodore Gatsas
Title: Mayor

5/17/2017
Date

Contractor Initials TG
Date 5/17/17



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

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

(1) **Definitions.**

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



Exhibit I

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

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

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

T.G.

5/17/17



Exhibit I

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

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

(3) Obligations and Activities of Business Associate.

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

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

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



Exhibit I

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

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

3/2014

Contractor Initials

J.G.

Date

5/17/17



Exhibit I

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

(4) **Obligations of Covered Entity**

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

(5) **Termination for Cause**

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

(6) **Miscellaneous**

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



Exhibit I

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

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

Department of Health and Human Services

The State

Lisa Morris

Signature of Authorized Representative

Lisa Morris, MSSW

Name of Authorized Representative

Director

Title of Authorized Representative

5/25/17

Date

City of Manchester

Name of the Contractor

Theodore Gatsas

Signature of Authorized Representative

Theodore Gatsas

Name of Authorized Representative

Mayor

Title of Authorized Representative

5/17/2017

Date

T.G.

5/17/17



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

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

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

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

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

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

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

Contractor Name:

5/17/17
Date

Theodore Gattas
Name: Theodore Gattas
Title: Mayor



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: 790913636
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

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

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

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

NO YES

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

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

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

Name: _____	Amount: _____



**State of New Hampshire
Department of Health and Human Services
Amendment #2 to the
Regional Public Health Network Services Contract**

This 2nd Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of July 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the North Country Health Consortium (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 262 Cottage Street, Suite 230, Littleton, NH 03561.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), and amended on June 20, 2018 (Item # 27F), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

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

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$955,522.

Form P-37, General Provisions, Block 1.6, Account Number, to read: 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731, 05-95-90-902510-2239-102-500731, 05-95-47-470010-7948-047-470010.

2. Add Exhibit A Amendment #2, Scope of Services.
3. Add Exhibit A-1 Amendment #2, New Hampshire Regional Public Health Networks July 1, 2017.
4. Add Exhibit B-1 Amendment #2, SFY 2019 Budget, Oral Health Services.

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



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

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

State of New Hampshire
Department of Health and Human Services

8/31/18
Date

[Signature]
Lisa M. Morris
Director

North Country Health Consortium

8/13/18
Date

[Signature]
Name: Nancy Frank
Title: CEO

Acknowledgement of Contractor's signature:

State of Vermont, County of CALEDONIA on Aug 13, 2018, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

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

Jay C Abramson, Notary
Name and Title of Notary or Justice of the Peace

My Commission Expires: 2-10-19

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



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

OFFICE OF THE ATTORNEY GENERAL

9/18/18
Date

[Signature]
Name: [Signature]
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services

1. Required Services

- 1.1. The Contractor shall provide dental services through the Molar Express program to target populations, including, but not limited to:
 - 1.1.1. School age children who:
 - 1.1.1.1. Do not have a dental care home.
 - 1.1.1.2. Are recipients of NH Medicaid.
 - 1.1.1.3. Are unable to obtain dental care through other means.
- 1.2. The Contractor shall provide oral health education services through presentations at schools and community organizations.
- 1.3. The Contractor shall provide dental services including, but not limited to:
 - 1.3.1. Dental cleanings.
 - 1.3.2. Fluoride varnish.
 - 1.3.3. Sealants on primary and permanent teeth.
 - 1.3.4. Interim therapeutic restorations.
 - 1.3.5. Oral health education.
 - 1.3.6. Referrals to dental providers for
 - 1.3.6.1. Dental Examinations.
 - 1.3.6.2. Restorative treatment.

2. Reporting

- 2.1. The Contractor shall submit an annual report to the Department within sixty (60) days of the end of each school year that provides information for Oral Health Hygiene Services activities during the previous year, including, but not limited to:
- 2.2. The name and address of each school and Head Start program that received services.
- 2.3. The number of students served at each location, including
 - 2.3.1. Total number and percent of insured students.
 - 2.3.2. Total number and percent of uninsured students.



- 2.4. The number for each type of dental procedure.
- 2.5. The number of referrals to dental providers.
- 2.6. Percentage trends for performance measures as requested by the Department.
- 2.7. Other relevant oral health data, as requested by the Department, to support a knowledge base and dental data surveillance system.
- 2.8. The Contractor shall ensure that all reports are in compliance with applicable confidentiality safeguards which include, but are not limited to:
 - 2.8.1. Federal law.
 - 2.8.2. New Hampshire law.
 - 2.8.3. New Hampshire rules and regulations.

3. Performance Measures

- 3.1. The Contractor shall measure performance using the following metrics:
 - 3.1.1. Annual percent change in total number of students who receive services.
 - 3.1.2. Annual percent change in the total number of uninsured students who receive services.

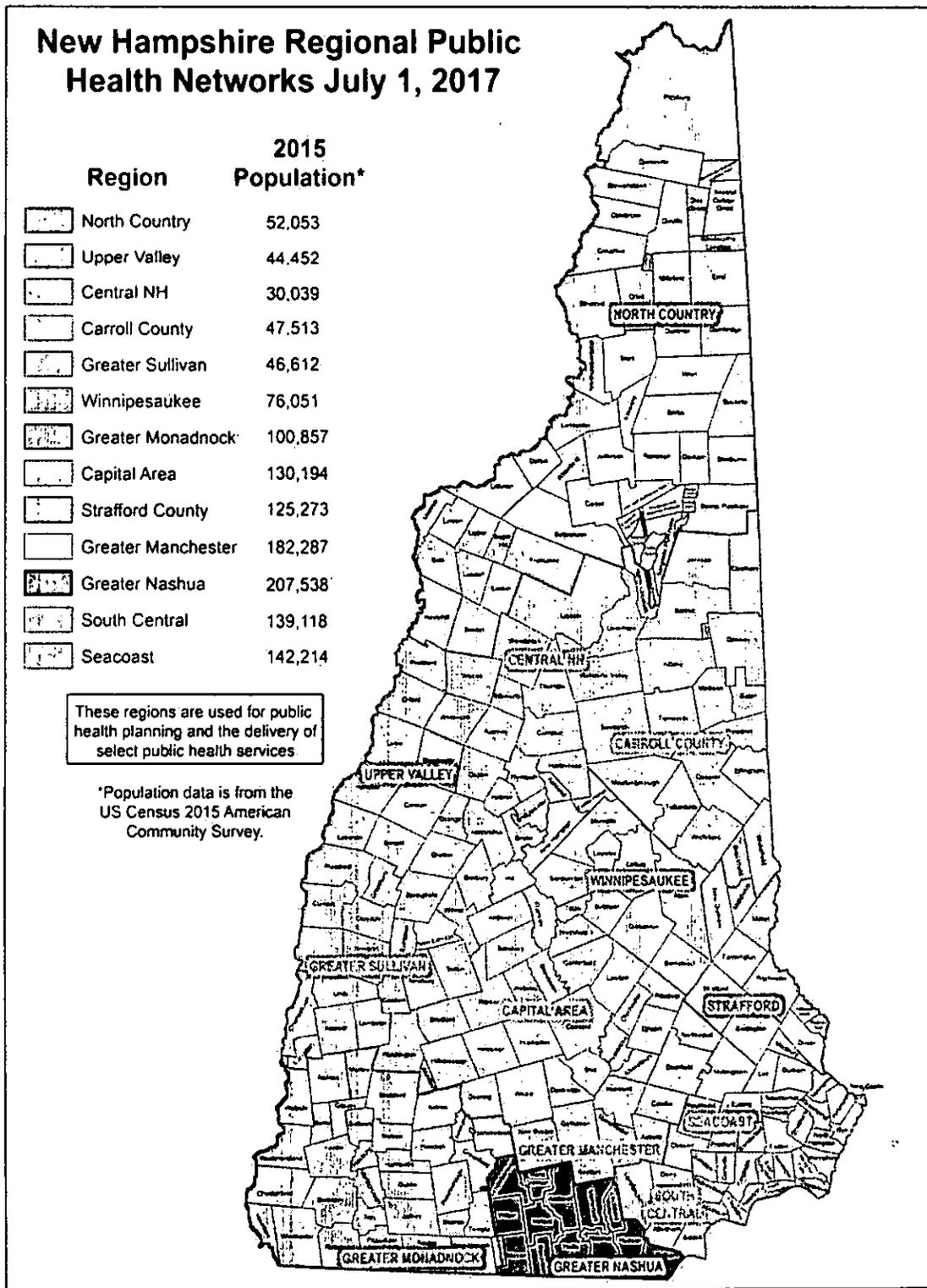




Exhibit A-1 Amendment #2

TOWN LIST

REGION NAME	TOWN
North County	Atkinson and Gilmanston Academy Grant, Bath, Beans Grant, Beans Purchase, Benton, Berlin, Bethlehem, Cambridge, Carroll, Chandlers Purchase, Clarksville, Colebrook, Columbia, Crawfords Purchase, Cutts Grant, Dalton, Dixs Grant, Dixville, Dummer, Easton, Errol, Ervings Location, Franconia, Gorham, Greens Grant, Hadleys Purchase, Haverhill, Jefferson, Kilkenney, Lancaster, Landaff, Lisbon, Littleton, Low and Burbank's Grant, Lyman, Martins Location, Milan, Millsfield, Monroe, Northumberland, Odell, Pinkham's Grant, Pittsburg, Randolph, Sargents Purchase, Second College Grant, Shelburne, Stark, Stewartstown, Stratford, Success, Sugar Hill, Thompsons & Meserves Purchase, Wentworths Location, Whitefield
Upper Valley	Canaan, Dorchester, Enfield, Grafton, Grantham, Hanover, Lebanon, Lyme, Orange, Orford, Piermont, Plainfield
Central NH	Alexandria, Ashland, Bridgewater, Bristol, Campton, Ellsworth, Groton, Hebron, Holderness, Lincoln, Livermore, Plymouth, Rumney, Thornton, Warren, Waterville Valley, Wentworth, Woodstock
Carroll County	Albany, Bartlett, Brookfield, Chatham, Conway, Eaton, Effingham, Freedom, Hale's Location, Harts Location, Jackson, Madison, Moultonborough, Ossipee, Sandwich, Tamworth, Tuftonboro, Wakefield, Wolfeboro
Greater Sullivan	Acworth, Charlestown, Claremont, Cornish, Croydon, Goshen, Langdon, Lempster, Newbury, New London, Newport, Springfield, Sunapee, Sutton, Unity, Wilnot
Winnepesaukee	Alton, Barnstead, Belmont, Center Harbor, Danbury, Franklin, Gilford, Gilmanston, Hill, Laconia, Meredith, New Hampton, Northfield, Sanbornton, Tilton
Greater Monadnock	Alstead, Antrim, Bennington, Chesterfield, Dublin, Fitzwilliam, Francestown, Gilsum, Greenfield, Greenville, Hancock, Harrisville, Hinsdale, Jaffrey, Keene, Marlborough, Marlow, Nelson, New Ipswich, Peterborough, Richmond, Rindge, Roxbury, Sharon, Stoddard, Sullivan, Surry, Swanzey, Temple, Troy, Walpole, Westmoreland, Winchester
Capital	Allenstown, Andover, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Salisbury, Warner, Washington, Weare, Webster, Windsor
Strafford County	Barrington, Dover, Durham, Farmington, Lee, Madbury, Middleton, Milton, New Durham, Rochester, Rollinsford, Somersworth, Strafford
Greater Manchester	Auburn, Bedford, Candia, Deerfield, Goffstown, Hooksett, Manchester, New Boston
Greater Nashua	Amherst, Brookline, Hollis, Hudson, Litchfield, Lyndeborough, Mason, Merrimack, Milford, Mont Vernon, Nashua, Pelham, Wilton
South Central	Atkinson, Chester, Danville, Derry, Hampstead, Londonderry, Plaistow, Salem, Sandown, Windham
Seacoast	Brentwood, East Kingston, Epping, Exeter, Fremont, Greenland, Hampton, Hampton Falls, Kensington, Kingston, New Castle, Newfields, Newington, Newmarket, Newton, North Hampton, Nottingham, Portsmouth, Raymond, Rye, Seabrook, South Hampton, Stratham

no

Exhibit B-1 Amendment #2
Oral Health Services Budget

Bidder/Contractor Name: North Country Health Consortium				
Budget Request for: Molar Express Program (Exhibit A Amendment #2)				
Budget Period: SFY 2019				
Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 55,863.00	\$ 6,815.29	\$ 62,678.29	
2. Employee Benefits	\$ 11,173.00	\$ 1,363.11	\$ 12,536.11	
3. Consultants	\$ -		\$ -	
4. Equipment:	\$ -		\$ -	
Rental	\$ -		\$ -	
Repair and Maintenance	\$ -		\$ -	
Purchase/Depreciation	\$ -		\$ -	
5. Supplies:	\$ -		\$ -	
Educational	\$ -		\$ -	
Lab	\$ -		\$ -	
Pharmacy	\$ -		\$ -	
Medical	\$ 5,000.00	\$ 610.00	\$ 5,610.00	
Office	\$ 860.00	\$ 104.92	\$ 964.92	
6. Travel	\$ 4,000.00	\$ 488.00	\$ 4,488.00	
7. Occupancy	\$ -		\$ -	
8. Current Expenses	\$ -		\$ -	
Telephone	\$ 992.00	\$ 121.02	\$ 1,113.02	
Postage	\$ 200.00	\$ 24.40	\$ 224.40	
Subscriptions	\$ -		\$ -	
Audit and Legal	\$ 800.00	\$ 97.60	\$ 897.60	
Insurance	\$ 280.00	\$ 34.16	\$ 314.16	
Board Expenses			\$ -	
9. Software	\$ -		\$ -	
10. Marketing/Communications	\$ 600.27	\$ 73.23	\$ 673.50	
11. Staff Education and Training	\$ -		\$ -	
12. Subcontracts/Agreements	\$ 500.00	\$ -	\$ 500.00	
13. Other (specific details mandatory)	\$ -		\$ -	
	\$ -		\$ -	
	\$ -		\$ -	
	\$ -		\$ -	
	\$ -		\$ -	
	\$ -		\$ -	
TOTAL	\$ 80,268.27	\$ 9,731.73	\$ 90,000.00	
Indirect As A Percent of Direct		12.1%		

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 NORTH COUNTRY HEALTH CONSORTIUM is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 05, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 301456

Certificate Number : 0004083399



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 13th day of April A.D. 2018.

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

William M. Gardner
Secretary of State

CERTIFICATE OF VOTE

I, Nancy Bishop, do hereby certify that:
(Name of the elected Officer of the Agency; cannot be contract signatory)

1. I am a duly elected Officer of North Country Health Consortium.
(Agency Name)

2. The following is a true copy of the resolution duly adopted at a meeting of the Board of Directors of the Agency duly held on April 13, 2018:
(Date)

RESOLVED: That the Chief Executive Officer
(Title of Contract Signatory)

is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The forgoing resolutions have not been amended or revoked, and remain in full force and effect as of the 13th day of August, 2018.
(Date Amendment Signed)

4. Nancy Frank is the duly elected Chief Executive Officer
(Name of Contract Signatory) (Title of Contract Signatory)

of the Agency.

Nancy J. Bishop
(Signature of the Elected Officer)

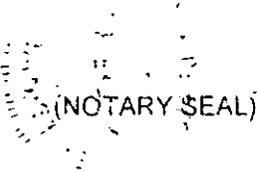
STATE OF NEW HAMPSHIRE

County of Grafton

The forgoing instrument was acknowledged before me this 13th day of August, 2018.

By Nancy Bishop
(Name of Elected Officer of the Agency)

Leslie A. Lachie
(Notary Public/Justice of the Peace)



Commission Expires: 11-20-2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/26/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Geo M Stevens & Son Co 149 Main Street Lancaster NH 03584		CONTACT NAME: Patricia Emery PHONE (A/C, No, Ext): (603) 788-2555 FAX (A/C, No): (603) 788-3901 E-MAIL ADDRESS: pemery@gms-ins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Philadelphia Insurance Co	
		INSURER B: MMG Insurance	
		INSURER C: Eastern Alliance Insurance Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1811809248 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK1755787	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Liability \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		KA12917940	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB612289	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	01-0000114897-00	01/01/2018	01/01/2019	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Health Consortium
 NH Workers Compensation—excluded officers include Russell Keene, Edward Shanshala II, Nancy Bishop

CERTIFICATE HOLDER		CANCELLATION	
NH Department of Health and Human Services 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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North Country Health Consortium Mission Statement:

“To lead innovative collaboration to improve the health status of the region.”

The North Country Health Consortium (NCHC) is a non-profit 501(c)3 rural health network, created in 1997, as a vehicle for addressing common issues through collaboration among health and human service providers serving Northern New Hampshire.

NCHC is engaged in activities for:

- Solving common problems and facilitating regional solutions
- Creating and facilitating services and programs to improve population health status
- Health professional training, continuing education and management services to encourage sustainability of the health care infrastructure
- Increasing capacity for local public health essential services
- Increasing access to health care for underserved and uninsured residents of Northern New Hampshire.

262 Cottage Street, Suite 230, Littleton, NH 03561

Phone: 603-259-3700; Fax: 603-444-0945

www.nchenh.org • nchc@nchenh.org



**NORTH COUNTRY HEALTH
CONSORTIUM, INC. AND SUBSIDIARY**

CONSOLIDATED FINANCIAL STATEMENTS

SEPTEMBER 30, 2017 AND 2016



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A.M. PEISCH & COMPANY, LLP
SINCE 1920

CERTIFIED PUBLIC ACCOUNTANTS
& BUSINESS CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
North Country Health Consortium, Inc. and Subsidiary
Littleton, New Hampshire

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of North Country Health Consortium, Inc. (a nonprofit organization) and Subsidiary, which comprise the consolidated statements of financial position as of September 30, 2017 and 2016, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

- 1 -

offices

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(802) 773-2721

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St. Albans, VT 05478
(802) 527-0505

1020 Memorial Drive
St. Johnsbury, VT 05819
(802) 748-5654

24 Airport Road
Suite 402
West Lebanon, NH 03784
(603) 306-0100

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of North Country Health Consortium, Inc. and Subsidiary as of September 30, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 9, 2018 on our consideration of North Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering North Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting and compliance.

St. Albans, Vermont
March 9, 2018
VT Reg. No. 92-0000102

A. M. Peisch & Company, LLP

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
SEPTEMBER 30, 2017 AND 2016

ASSETS	2017	2016
Current Assets		
Cash and cash equivalents	\$ 1,075,410	\$ 985,845
Accounts receivable, net		
Grants and contracts	548,391	340,530
Dental services	864	9,284
Certificates of deposit	125,540	112,602
Prepaid expenses	9,960	35,326
Restricted cash - IDN	<u>1,021,388</u>	<u>813,235</u>
Total Current Assets	<u>2,781,553</u>	<u>2,296,822</u>
Property and Equipment:		
Computers and equipment	147,392	76,178
Dental equipment	32,808	71,332
Furnitures and fixtures	30,045	32,257
Vehicles	18,677	18,677
Accumulated depreciation	<u>(137,253)</u>	<u>(156,770)</u>
Property and Equipment, Net	<u>91,669</u>	<u>41,674</u>
Other Assets		
Restricted cash - IDN	1,200,000	1,600,000
Certificate of deposit	-	12,418
Total Other Assets	<u>1,200,000</u>	<u>1,612,418</u>
Total Assets	<u>\$ 4,073,222</u>	<u>\$ 3,950,914</u>
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable	\$ 105,345	\$ 63,105
Accrued expenses	6,921	7,908
Accrued wages and related liabilities	154,454	97,381
Deferred revenue	<u>1,185,265</u>	<u>979,869</u>
Total Current Liabilities	<u>1,451,985</u>	<u>1,148,263</u>
Long-Term Liabilities		
Deferred revenue - Long term portion	<u>1,200,000</u>	<u>1,600,000</u>
Total Long-Term Liabilities	<u>1,200,000</u>	<u>1,600,000</u>
Total Liabilities	<u>2,651,985</u>	<u>2,748,263</u>
NET ASSETS		
Unrestricted	<u>1,421,237</u>	<u>1,202,651</u>
Total Net Assets	<u>1,421,237</u>	<u>1,202,651</u>
Total Liabilities and Net Assets	<u>\$ 4,073,222</u>	<u>\$ 3,950,914</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016

	2017	2016
Support:		
Grant and contract revenue	<u>\$ 3,493,136</u>	<u>\$ 1,874,936</u>
Revenue:		
Dental patient revenue	121,784	165,687
Fees for programs and services	100,602	182,432
Interest income	5,554	1,528
Other income	2,594	3,056
Total Revenue	<u>230,534</u>	<u>352,703</u>
Total Support and Revenue	<u>3,723,670</u>	<u>2,227,639</u>
Program Expenses:		
Workforce	2,011,467	783,820
Public health	165,264	178,311
Molar	279,213	354,191
CSAP	772,056	452,829
North Country ACO	-	69,353
Total Program Expenses	<u>3,228,000</u>	<u>1,838,504</u>
Management and General	<u>275,938</u>	<u>170,747</u>
Total Expenses	<u>3,503,938</u>	<u>2,009,251</u>
Gain (loss) on sale of property and equipment	<u>(1,146)</u>	<u>-</u>
Change in Net Assets	218,586	218,388
NET ASSETS, Beginning of the Year	<u>1,202,651</u>	<u>984,263</u>
NET ASSETS, End of the Year	<u>\$ 1,421,237</u>	<u>\$ 1,202,651</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2017

	<u>Workforce</u>	<u>Public Health</u>	<u>Molar</u>	<u>CSAP</u>	<u>Total Program</u>	<u>Management & General</u>	<u>Total</u>
Personnel:							
Salaries	\$ 902,285	\$ 72,003	\$ 141,659	\$ 271,561	\$ 1,387,508	\$ 131,822	\$ 1,519,330
Payroll taxes and employee benefits	158,395	12,821	26,335	46,652	244,203	19,635	263,838
Subtotal	<u>1,060,680</u>	<u>84,824</u>	<u>167,994</u>	<u>318,213</u>	<u>1,631,711</u>	<u>151,457</u>	<u>1,783,168</u>
Site Expenses:							
Computer supplies	17,098	1,570	5,135	4,920	28,723	1,698	30,421
Medical and pharmacy supplies	673,678	61,473	70,399	354,919	1,160,469	2,212	1,162,681
Office supplies	17,744	2,588	1,407	9,570	31,309	15,415	46,724
Subtotal	<u>708,520</u>	<u>65,631</u>	<u>76,941</u>	<u>369,409</u>	<u>1,220,501</u>	<u>19,325</u>	<u>1,239,826</u>
General:							
Depreciation	-	-	7,095	-	7,095	23,114	30,209
Dues and memberships	5,185	35	9	9,871	15,100	8,547	23,647
Education and training	4,635	150	1,514	1,730	8,029	8,558	16,587
Equipment and maintenance	270	-	468	-	738	1,727	2,465
Rent and occupancy	39,647	3,279	6,881	11,180	60,987	4,709	65,696
Insurance	5,716	940	1,601	1,609	9,866	582	10,448
Miscellaneous	-	-	-	-	-	5,817	5,817
Payroll processing fees	-	-	-	592	592	5,717	6,309
Postage	2,007	146	348	722	3,223	606	3,829
Printing	3,805	671	1,506	5,276	11,258	426	11,684
Professional fees	27,639	1,601	4,872	11,890	46,002	28,039	74,041
Training fees and supplies	94,846	3,062	407	11,024	109,339	7,712	117,051
Travel	48,119	3,885	3,585	27,635	83,224	8,979	92,203
Telephone	10,398	1,040	975	2,105	14,518	623	15,141
Vehicle expense	-	-	5,017	800	5,817	-	5,817
Subtotal	<u>242,267</u>	<u>14,809</u>	<u>34,278</u>	<u>84,434</u>	<u>375,788</u>	<u>105,156</u>	<u>480,944</u>
Total Expenses	<u>\$ 2,011,467</u>	<u>\$ 165,264</u>	<u>\$ 279,213</u>	<u>\$ 772,056</u>	<u>\$ 3,228,000</u>	<u>\$ 275,938</u>	<u>\$ 3,503,938</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED SEPTEMBER 30, 2016

	<u>Workforce</u>	<u>Public Health</u>	<u>Molar</u>	<u>CSAP</u>	<u>North Country ACO</u>	<u>Total Program</u>	<u>Management & General</u>	<u>Total</u>
Personnel:								
Salaries	\$ 388,374	\$ 83,406	\$ 183,302	\$ 197,310	\$ 29,937	\$ 882,329	\$ 70,141	\$ 952,470
Payroll taxes and employee benefits	60,863	14,848	31,030	32,395	4,700	143,836	9,350	153,186
Subtotal	<u>449,237</u>	<u>98,254</u>	<u>214,332</u>	<u>229,705</u>	<u>34,637</u>	<u>1,026,165</u>	<u>79,491</u>	<u>1,105,656</u>
Site Expenses:								
Computer supplies	10,515	2,723	7,751	6,122	579	27,690	2,547	30,237
Medical and pharmacy supplies	169,370	52,704	90,443	134,053	-	446,570	2,088	448,658
Office supplies	15,395	1,427	2,279	7,585	203	26,889	14,124	41,013
Subtotal	<u>195,280</u>	<u>56,854</u>	<u>100,473</u>	<u>147,760</u>	<u>782</u>	<u>501,149</u>	<u>18,759</u>	<u>519,908</u>
General:								
Bad debt	-	-	(976)	-	-	(976)	-	(976)
Depreciation	-	-	6,616	-	-	6,616	9,105	15,721
Dues and memberships	4,598	40	20	25	-	4,683	10,157	14,840
Education and training	4,636	1,370	1,192	370	-	7,568	5,332	12,900
Equipment and maintenance	11,410	-	150	-	-	11,560	2,208	13,768
Rent and occupancy	23,937	6,347	12,765	12,936	1,850	57,835	3,699	61,534
Insurance	2,870	1,305	2,622	1,827	131	8,755	473	9,228
Miscellaneous	25	-	-	-	-	25	7,569	7,594
Data collection contract	-	-	-	-	25,667	25,667	-	25,667
Payroll processing fees	-	-	-	-	-	-	4,570	4,570
Postage	923	256	590	498	79	2,346	437	2,783
Printing	2,795	1,593	1,799	1,375	239	7,801	1,703	9,504
Professional fees	8,460	4,281	6,808	4,930	5,528	30,007	8,187	38,194
Training fees and supplies	60,878	1,751	527	40,228	-	103,384	12,786	116,170
Travel	16,133	5,144	1,886	11,166	378	34,707	5,594	40,301
Telephone	2,638	1,116	1,568	2,009	62	7,393	677	8,070
Vehicle expense	-	-	3,819	-	-	3,819	-	3,819
Subtotal	<u>139,303</u>	<u>23,203</u>	<u>39,386</u>	<u>75,364</u>	<u>33,934</u>	<u>311,190</u>	<u>72,497</u>	<u>383,687</u>
Total Expenses	<u>\$ 783,820</u>	<u>\$ 178,311</u>	<u>\$ 354,191</u>	<u>\$ 452,829</u>	<u>\$ 69,353</u>	<u>\$ 1,838,504</u>	<u>\$ 170,747</u>	<u>\$ 2,009,251</u>

See accompanying notes.

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY
CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016

	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 218,586	\$ 218,388
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	30,209	15,721
Bad debt expense (recovery)	-	(976)
(Gain)/loss on sale of property and equipment	1,146	-
(Increase) decrease in operating assets:		
Accounts receivable - Grants and contracts	(207,861)	(152,273)
Accounts receivable - Dental services	8,420	(4,292)
Prepaid expenses	25,366	(13,650)
Restricted cash - ACO	-	76,701
Restricted cash - IDN	191,847	(2,413,235)
Increase (decrease) in operating liabilities:		
Accounts payable	42,240	37,459
Accrued expenses	(987)	(3,735)
Accrued wages and related liabilities	57,073	25,401
Deferred revenue	(194,604)	2,292,697
Net cash provided by operating activities	<u>171,435</u>	<u>78,206</u>
 CASH FLOWS FROM INVESTING ACTIVITIES		
Reinvestment of certificates of deposit interest	(520)	(511)
Purchases of property and equipment	(81,350)	(4,120)
Net cash used by investing activities	<u>(81,870)</u>	<u>(4,631)</u>
 Net increase in cash and cash equivalents	89,565	73,575
Beginning cash and cash equivalents	<u>985,845</u>	<u>912,270</u>
 Ending cash and cash equivalents	<u>\$ 1,075,410</u>	<u>\$ 985,845</u>

See accompanying notes.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

Note 1. Nature of Activities and Summary of Significant Accounting Policies

Nature of activities

North Country Health Consortium, Inc. and Subsidiary (NCHC) (the Organization) is a not-for-profit health center chartered under the laws of the State of New Hampshire. The Organization's mission is to lead innovative collaboration to improve the health status of the region. NCHC is engaged in promoting and facilitating access to services and programs that improve the health status of the area population, provide health training and educational opportunities for healthcare purposes, and provide region-wide dental services for an underserved and uninsured residents.

The Organization's wholly owned subsidiary, North Country ACO (the ACO), is a non-profit 501(c)(3) charitable corporation formed in December 2011. This entity was formed as an accountable care organization (ACO) with its purpose to support the programs and activities of the ACO participants to improve the overall health of their respective populations and communities. North Country ACO members participate in the Medicare Shared Savings Program to pay for services to Medicare beneficiaries. North Country ACO performs administration and manages the distribution of funds to participants using a patient based model.

Medicare payments to North Country ACO have ceased. The Organization did not submit an application to reapply to the Medicare Shared Savings Program. As a result, North Country ACO was issued a status of non-renewal, and its participation agreement with the Shared Savings Program has been terminated. Substantially all funds have been distributed to participants. A nominal cash balance remained to fund closing activities and completion of the required notifications to participants. After these activities have been completed, it is the intent of the Organization to dissolve North Country ACO.

The Organization's primary programs are as follows:

Network and Workforce Activities – To provide workforce education programs and promote oral health initiatives for the Organization's dental services.

Public Health and CSAP – To conduct community substance abuse prevention activities, coordination of public health networks, and promote community emergency response plan.

Dental Services and Molar – To sustain a program offering oral health services for children and low income adults in northern New Hampshire.

Following is a summary of the significant accounting policies used in the preparation of these consolidated financial statements.

Principles of consolidation

The accompanying consolidated financial statements include the accounts of North Country Health Consortium, Inc. and its wholly owned subsidiary, North Country ACO. All significant inter-company transactions and balances have been eliminated in consolidation.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

Use of estimates

In preparing the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Concentration of risk

The Organization's operations are affected by various risk factors, including credit risk and risk from geographic concentration and concentrations of funding sources. Management attempts to manage risk by obtaining and maintaining revenue funding from a variety of sources. A substantial portion of the Organization's activities are funded through grants and contracts with private and federal and state agencies. As a result, the Organization may be vulnerable to the consequences of change in the availability of funding sources and economic policies at the agency level. The Organization generally does not require collateral to secure its receivables.

Revenue recognition

Below are the revenue recognition policies of the Organization:

Dental Patient Revenue

Dental services are recorded as revenue within the fiscal year related to the service period.

Grant and Contract Revenue

Grants and contracts are recorded as revenue in the period they are earned by satisfaction of grant or contract requirements.

Fees for Programs and Services

Fees for programs and services are recorded as revenue in the period the related services were performed.

Cash and cash equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

Restricted cash - IDN

Restricted cash – IDN consists of advanced funding received from The State of New Hampshire Department of Health and Human Services for the Integrated Delivery Network program (IDN). The original advance of funds of \$2,000,000 is to be used to fund the Organization's cost of administering the IDN over a period of five years, beginning in fiscal year 2017. The remaining balance is to be distributed to participants.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

For the years ending September 30, 2017 and 2016, these amounts were restricted as follows:

	2017	2016
Administration fee to the Organization	\$ 1,600,000	\$ 2,000,000
Distributions to participants	<u>621,388</u>	<u>413,235</u>
	<u>\$ 2,221,388</u>	<u>\$ 2,413,235</u>

Accounts receivable

The Organization has receivable balances due from dental services provided to individuals and from grants and contracts received from federal, state, and private agencies. Management reviews the receivable balances for collectability and records an allowance for doubtful accounts based on historical information, estimated contractual adjustments, and current economic trends. Management considers the individual circumstances when determining the collectability of past due amounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to earnings and a credit to accounts receivable. Any collection fees or related costs are expensed in the year incurred. The Organization recorded an allowance for doubtful accounts for estimated contractual adjustments for dental service of \$7,776 as of September 30, 2017 and 2016, and an allowance for doubtful accounts for grants and contracts of \$0 as of September 30, 2017 and 2016. The Organization does not charge interest on its past due accounts, and collateral is generally not required.

Certificates of deposit

The Organization has three certificates of deposit with one financial institution. These certificates carry original terms of 12 months to 24 months, have interest rates ranging from .40% to .55%, and mature at various dates through September 2018.

Property and equipment

Property and equipment is stated at cost less accumulated depreciation. The Organization generally capitalizes property and equipment with an estimated useful life in excess of one year and installed costs over \$2,500. Lesser amounts are generally expensed. Purchased property and equipment is capitalized at cost.

Property and equipment are depreciated using the straight-line method using the following ranges of estimated useful lives:

Computers and equipment	3-7 years
Dental equipment	5-7 years
Furniture and fixtures	5-7 years
Vehicles	5 years

Depreciation expense totaled \$30,209 and \$15,721 for the years ended September 30, 2017 and 2016, respectively.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

Deferred revenue

Deferred revenue is related to advance payments on grants or advance billings relative to anticipated expenses or events in future periods. The revenue is realized when the expenses are incurred or as services are provided in the period earned.

Net assets

The Organization is required to report information regarding its financial position and activity according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

Unrestricted net assets – consist of unrestricted amounts that are available for use in carrying out the mission of the Organization.

Temporarily restricted net assets – consist of those amounts that are donor restricted for a specific purpose. When a donor restriction expires, either by the passage of a stipulated time restriction or by the accomplishment of a specific purpose restriction, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. The Organization has elected, however, to show those restricted contributions whose restrictions are met in the same reporting period as they are received as unrestricted support. The Organization had no temporarily restricted net assets at September 30, 2017 and 2016.

Permanently restricted net assets – result from contributions from donors who place restrictions on the use of donated funds mandating that the original principal remain invested in perpetuity. The Organization had no permanently restricted net assets at September 30, 2017 and 2016.

Income taxes

The Organization and the ACO are exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and are not classified as private foundations. FASB ASC 740-10 prescribes a recognition threshold and measurement attributable for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return, and provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. The Organization is not aware of any such uncertain tax positions. The tax years ending September 30, 2014 through 2017 are still open to audit.

Functional expenses

The costs of providing the various programs and activities have been summarized on a functional basis in the Statement of Activities. Expenses are charged to programs based on direct expenses incurred and certain costs, including salaries and fringe benefits, are allocated to the programs and supporting services based upon related utilization and benefit.

Note 1. Nature of Activities and Summary of Significant Accounting Policies (Continued)

Implementation of new accounting pronouncements

Management is reviewing the following Accounting Standards Updates (ASU) issued by the Financial Accounting Standards Board, which are effective for future years, for possible implementation and to determine their effect on the Organization's financial reporting.

ASU No. 2014-09, *Revenue from Contracts with Customers*. This ASU includes new revenue measurement and recognition guidance, as well as required additional disclosures. The ASU is effective for annual reporting beginning after December 15, 2017, including interim reporting periods within that reporting period. The effect of this ASU has not been quantified

ASU No. 2016-02, *Leases (Topic 842)*. This ASU requires lessees to recognize the following for all leases (with the exception of short-term leases) at the commencement date; (1) a lease liability, which is the lessee's obligation to make lease payments arising from a lease, measured on a discounted basis; and (2) a right-of-use asset which is an asset that represents the lessee's right to use, or control the use of, a specified asset for the lease term. For short-term leases (term of twelve months or less), a lessee is permitted to make an accounting policy election by class of underlying asset not to recognize lease assets and lease liabilities. If a lessee makes the election, it should recognize lease expense for such leases generally on a straight-line basis over the lease term. The ASU is effective for annual periods, and interim reporting periods within those annual periods, beginning after December 15, 2019. The effect of this ASU has not been quantified.

ASU No. 2016-14, *Not-For-Profit Entities: Presentation of Financial Statements of Not-for-Profit Entities*. The ASU was issued to improve reporting by not-for-profit entities in the areas of net asset classifications and information provided about liquidity. This ASU is effective for fiscal years beginning after December 31, 2017, and interim periods within fiscal years beginning after December 31, 2018. This ASU will increase disclosures in the Organization's financial statements.

ASU No. 2016-18, *Statement of Cash Flows: Restricted Cash*. This ASU clarifies how to report restricted cash in the statement of cash flows. This ASU is effective for fiscal years beginning after December 15, 2018, and interim periods within fiscal years beginning after December 31, 2019. This ASU will have minimal effect on the Organization's financial statements.

Reclassification

Certain amounts in the 2016 financial statements have been reclassified to conform to the current year presentation.

Note 2. Cash Concentrations

The Organization maintains cash balances at two financial institutions. Their bank accounts at the institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per financial institution. The Organization's cash balances exceeded federally insured limits by \$103,495 at September 30, 2017. The Organization has not experienced any losses with these accounts. Management believes the Organization is not exposed to any significant credit risk on cash as of September 30, 2017.

Note 2. Cash Concentrations (Continued)

The Organization attempts to manage credit risk relative to cash concentrations by utilizing "sweep" accounts. The Organization maintains ICS Sweep accounts that invest cash balances in other financial institutions at amounts that do not exceed FDIC insurable limits. All cash at these institutions is held in interest-bearing money market accounts. Interest rates on these balances ranged from .10% to .15% as of September 30, 2017.

Note 3. Operating Leases

The Organization leases office space in Littleton, NH under a three year operating lease that expires in October 2020. The Organization has the option to renew the lease for two additional years.

Future minimum rental payments under lease commitments are as follows:

Year Ended September 30,	
2018	\$ 97,636
2019	103,797
2020	106,911
2021	8,931
Thereafter	-
	<u>\$ 317,275</u>

Lease expense for the aforementioned leases was \$62,100 and \$59,105 for the years ended September 30, 2017 and 2016, respectively.

Note 4. Deferred Revenue

The summary of the components of deferred revenue as of September 30, are as follows:

	2017	2016
Deferred Revenue- IDN	\$ 2,215,782	\$ 2,392,816
Deferred Revenue- Other	<u>169,483</u>	<u>187,053</u>
Total	<u>\$ 2,385,265</u>	<u>\$ 2,579,869</u>

Deferred revenue - IDN

Under the terms of an agreement between the Centers for Medicare and Medicaid Services (CMS) and the State of New Hampshire Department of Health and Human Services, various Integrated Delivery Networks (IDN) are to be established within geographic regions across the state to develop programs to transform New Hampshire's behavioral health delivery system by strengthening community-based mental health and substance use disorder services and programs to combat the opioid crisis. The Organization has been designated to be the administrative lead of one of these IDNs.

Note 4. Deferred Revenue (Continued)

In September 2016, the Organization was awarded a five-year grant from the CMS, passed through the State of New Hampshire Department of Health and Human Services. At that date, the Organization was advanced \$2,413,256 upon fulfillment of the condition of successful submission and state approval of an IDN Project Plan. Of that amount, \$2,000,000 will be retained by the Organization as administrative fees for five years and the remaining funds will be disbursed to participants. For years two through five, the IDNs will continue to earn performance-based incentive funding by achieving defined targets and any funds received will be passed through to the participants.

Note 5. Related Party Transactions

A majority of the Organization's members and the Organization are also members of a Limited Liability Company. There were no transactions between the Limited Liability Company and the Organization's members in 2017 and 2016.

The Organization contracts various services from other organizations of which members of management of these other organizations may also be board members of North Country Health Consortium, Inc. and Subsidiary. Amounts paid to these organizations were \$348,668 and \$121,264 for the years ended September 30, 2017 and 2016, respectively. Outstanding amounts due to these organizations as of September 30, 2017 and 2016 amounted to \$37,950 and \$0, respectively. Outstanding amounts due from these organizations as of September 30, 2017 and 2016 amounted to \$0 and \$1,380, respectively.

Note 6. Retirement Plan

The Organization offers a defined contribution savings and investment plan (the Plan) under section 403(b) of the Internal Revenue Code. The Plan is available to all employees who are 21 years of age or older. There is no service requirement to participate in the Plan. Employee contributions are permitted and are subject to IRS limitations. Monthly employer contributions are \$50 for each part-time employee and \$100 for each full-time employee. Employer contributions for the years ended September 30, 2017 and 2016 were \$26,291 and \$16,725, respectively.

Note 7. Commitment and Contingencies

The Organization receives a significant portion of its support from various funding sources. Expenditure of these funds requires compliance with terms and conditions specified in the related contracts and agreements. These expenditures are subject to audit by the contracting agencies. Any disallowed expenditures would become a liability of the Organization requiring repayment to the funding sources. Liabilities resulting from these audits, if any, will be recorded in the period in which the liability is ascertained. Management estimates that any potential liability related to such audits will be immaterial.

Note 8. Federal Reports

Additional reports, required by *Government Auditing Standards* and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, including the Schedule of Expenditures of Federal Awards, are included in the supplements to this report.

Note 9. Subsequent Events

Subsequent to year end, the Organization received \$1,388,399 from the State of New Hampshire in funding for the IDN grant based on the successful submission and completion of the year 2 plan. The funds will be used for future expenses related to the programs of the grant.

Friendship House

Effective October 1, 2017, the Organization agreed to assume the operations of Friendship House, an outpatient drug and alcohol treatment facility and program from Tri County Community Action Program (TCCAP). The existing facility did not meet various safety codes. The property was sold to Affordable Housing, Education, and Development (AHEAD). AHEAD is constructing a new facility. The facility is to be leased to the Organization for the purpose of continuing the operations of Friendship House. The old building will be demolished after the new building is completed and vacated.

On October 1, 2017, the Organization entered into a lease agreement with AHEAD to lease the premises for \$1 per year until a certificate of occupancy is issued for the new building. Once the certificate of occupancy has been issued, a new five-year lease becomes effective through March 2023, with monthly rent and CAM fee payments of \$19,582. The payment may be adjusted annually each year. The Organization has the option to renew this lease for five additional five year terms.

Under the terms of the program transition agreement, the Organization, at its discretion, offered employment to most of the employees of Friendship House. No liabilities or assets were assumed by the Organization.

In August 2017, the Organization was awarded funding of \$250,000 from the State of New Hampshire Department of Health and Human Services to provide services to bridge the transition of services from TCCAP to the Organization. The funds were received in October 2017.

The Organization has evaluated subsequent events through March 9, 2018, the date the financial statements were available to be issued.



**NORTH COUNTRY HEALTH
CONSORTIUM, INC. AND SUBSIDIARY**

ADDITIONAL REQUIRED REPORTS

SEPTEMBER 30, 2017



NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2017

Federal Grantor/Pass through Grantor/Program Title	Federal CFDA Number	Pass-through Grantor's Subgrant No.	Federal Expenditures
U.S Department of Health and Human Services			
<i>Direct Programs:</i>			
Rural Health Care Services Outreach Program	93.912	D04RH28387	\$ 187,772
Network Development- (9/1/2014-8/31/2017)	93.912	D06RH28031	475,317
Network Development- (7/1/2017-6/30/2020)	93.912	D06RH28031	<u>10,808</u>
			673,897
Health Careers Opportunity	93.329	G06HP27887	<u>131,129</u>
Drug-Free Communities (SAMHSA)- (9/30/2016-9/29/2021)	93.276	1H79SP021539-01	<u>85,013</u>
<i>Total direct programs:</i>			<u>890,039</u>
<i>Passed through the State of New Hampshire:</i>			
Public Health Emergency Preparedness	93.074	U90TP000535	82,286
Public Health Emergency Preparedness	93.074	U90TP000535	<u>7,377</u>
			<u>89,663</u>
Disaster Behavioral Health Response Teams	93.889	U90TP000535	<u>21,250</u>
SAP - 2 Schools	93.243	SPO20796	122,658
SAP - WMCC	93.243	SPO20796	80,272
Young Adult Strategies	93.243	SPO20796	12,654
Young Adult Leadership	93.243	SPO20796	<u>2,050</u>
			<u>217,634</u>
SAP - 5 Schools	93.959	T1010035-16	<u>106,930</u>
School-Based Immunization	93.268	1I231P0007757	<u>10,231</u>
Continuum of Care	93.959	T1010035-14	84,899
Continuum of Care	93.959	T1010035-14	20,081
Substance Misuse Prevention	93.959	T1010035-14	<u>79,641</u>
			<u>184,621</u>
Community Health Workers (Cancer)	93.752	58DP003930	<u>124,307</u>
Community Health Workers (Chronic Disease)	93.945	58DP004821	<u>50,773</u>
Public Health Advisory Council	93.758	B010T00937	<u>26,841</u>
<i>Total pass through State of New Hampshire:</i>			<u>832,250</u>
<i>Passed through the University of Dartmouth Area Health Education Center:</i>			
Area Health Education Centers	93.107	U77HP03627-09-01	<u>103,091</u>
<i>Passed through the University of New Hampshire:</i>			
Practice Transformation Network	93.638	Agreement #16-039	<u>543,964</u>
Total Expenditures of Federal Awards			\$ <u>2,369,344</u>

See accompanying notes to schedule of expenditures of federal awards.

**NORTH COUNTRY HEALTH CONSORTIUM, INC.
AND SUBSIDIARY**

**Notes to Schedule of Expenditures of Federal Awards
for the Year Ended September 30, 2017**

Note 1. Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of North Country Health Consortium, Inc. and Subsidiary (the Organization) under programs of the federal government for the year ended September 30, 2017. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

Note 2. Summary of Significant Accounting Policies

- (1) Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance wherein certain types of expenditures are not allowable or are limited as to reimbursement.
- (2) Pass-through entity identifying numbers are presented where available.
- (3) The Organization did not elect to use the 10% de minimus indirect cost rate.

A.M. PEISCH & COMPANY, LLP
AMP
SINCE 1920

CERTIFIED PUBLIC ACCOUNTANTS
& BUSINESS CONSULTANTS.

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED
IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

To the Board of Directors of
North Country Health Consortium, Inc. and Subsidiary
Littleton, New Hampshire

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary (the Organization) (a New Hampshire nonprofit organization), which comprise the consolidated statements of financial position as of September 30, 2017, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated March 9, 2018.

Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered North Country Health Consortium, Inc. and Subsidiary's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of North Country Health Consortium, Inc. and Subsidiary's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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

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offices

401 Water Tower Circle
Suite 302
Colchester, VT 05446
(802) 654-7255

P.O. Box 326
Rutland, VT 05702
(802) 773-2721

30 Congress Street
Suite 201
St. Albans, VT 05478
(802) 527-0505

1020 Memorial Drive
St. Johnsbury, VT 05819
(802) 748-5654

24 Airport Road
Suite 402
West Lebanon, NH 03784
(603) 306-0100

Compliance and Other Matters

As part of obtaining reasonable assurance about whether North Country Health Consortium, Inc. and Subsidiary's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

St. Albans, Vermont
March 9, 2018
VT Reg. No. 92-0000102

A. M. Peirce & Company, LLP

A.M. PEISCH & COMPANY, LLP
AMP
SINCE 1920

CERTIFIED PUBLIC ACCOUNTANTS
& BUSINESS CONSULTANTS

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

To the Board of Directors of
North Country Health Consortium, Inc. and Subsidiary
Littleton, New Hampshire

Report on Compliance for Each Major Federal Program

We have audited North Country Health Consortium, Inc. and Subsidiary's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of North Country Health Consortium, Inc. and Subsidiary's major federal programs for the year ended September 30, 2017. North Country Health Consortium, Inc. and Subsidiary's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of North Country Health Consortium, Inc. and Subsidiary's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about North Country Health Consortium, Inc. and Subsidiary's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of North Country Health Consortium, Inc. and Subsidiary's compliance.

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Opinion on Each Major Federal Program

In our opinion, North Country Health Consortium, Inc. and Subsidiary complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2017.

Report on Internal Control Over Compliance

Management of North Country Health Consortium, Inc. and Subsidiary is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered North Country Health Consortium, Inc. and Subsidiary's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of North Country Health Consortium, Inc. and Subsidiary's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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

St. Albans, Vermont
March 9, 2018
VT Reg. No. 92-0000102

A. M. Peirce & Company, LLP

**NORTH COUNTRY HEALTH CONSORTIUM, INC.
AND SUBSIDIARY**

**Schedule of Findings and Questioned Costs
Year Ended September 30, 2017**

A. SUMMARY OF AUDITOR'S RESULTS

1. The independent auditor's report expresses an unmodified opinion on whether the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary were prepared in accordance with GAAP.
2. No material weakness or significant deficiencies relating to the audit of the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary are reported in the Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Financial Statements Performed in Accordance with *Governmental Auditing Standards*.
3. No instances of noncompliance material to the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary, which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.
4. No material weakness or significant deficiencies relating to internal control over compliance for major federal award programs are reported in the Independent Auditor's Report on Compliance for Each Major Program and on Internal Control over Compliance Required by the Uniform Guidance.
5. The auditor's report on compliance for the major federal award programs for North Country Health Consortium, Inc. and Subsidiary expresses an unmodified opinion on the major federal program.
6. There were no audit findings that are required to be reported in this schedule in accordance with 2 CFR Section 200.516(a).
7. The program tested as a major program was U.S. Department of Health and Human Services – ACA- Transforming Clinical Practice Initiative: Practice Transformation Networks (CFDA Number 93.638).
8. The threshold for distinguishing Types A and B programs was \$750,000.
9. North Country Health Consortium, Inc. and Subsidiary was determined to be a low-risk auditee.

B. FINDINGS – FINANCIAL STATEMENT AUDIT

There were no reported findings related to the audit of the financial statements for the year ended September 30, 2017.

C. FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARD PROGRAM AUDIT

There were no reported findings related to the audit of the federal program for the year ended September 30, 2017.

**NORTH COUNTRY HEALTH CONSORTIUM, INC.
AND SUBSIDIARY**

**Summary Schedule of Prior Audit Findings
Year Ended September 30, 2017**

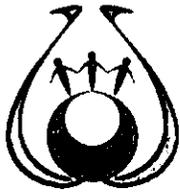
**2016 and 2015 FINDINGS AND QUESTIONED COSTS – AUDIT OF MAJOR FEDERAL
AWARD PROGRAMS**

2016 Finding:

There were no reported findings related to the audit of the major federal program for the year ended September 30, 2016.

2015 Finding:

There were no reported findings related to the audit of the major federal program for the year ended September 30, 2015.



North Country
HEALTH CONSORTIUM

2017 - 2018 Board of Directors

OFFICERS

<p>Ed Shanshala, President (0) (2018) Ammonoosuc Community Health Services Chief Executive Officer [REDACTED] Phone: 603-444-2464 x 128 Email: ed.shanshala@achs-inc.org</p>	<p>Scott Colby, Treasurer (0) (2020) Upper Connecticut Valley Hospital President [REDACTED] Email: scolby@ucvh.org</p>
<p>Vice President (0) (2018) Current vacancy</p>	<p>Nancy Bishop, Secretary (0) (2019) Grafton County Human Services Human Services Administrator [REDACTED] Email: nbishop@co.grafton.nh.us</p>

DIRECTORS

<p>Sharon Beaty, Director (2018) Mid-State Health Center Chief Executive Officer 101 Boulder Point Drive, Suite 1 Plymouth, NH 03264 Phone: 603-536-4000 Email: sbeaty@midstatehealth.org</p>	<p>Rev. Curtis Metzger (2019) All Saints' Episcopal Church [REDACTED] [REDACTED]</p>
<p>Mike Counter, Director (2018) North Country Home Health & Hospice Agency Executive Director [REDACTED] [REDACTED] Email: mcounter@nchhha.org</p>	<p>Robert Nutter, Director (2018) Littleton Regional Healthcare President [REDACTED] Phone: 603-444-9501 x.9501 Email: rnutter@lrhcares.org</p>
<p>Kristina Fjeld-Sparks, Secretary (0) (2020) NH AHEC/Geisel School of Medicine NH AHEC Director [REDACTED] [REDACTED] Email: kristina.e.fjeld-sparks@dartmouth.edu</p>	<p>Michael Peterson, Director (2018) Androscoggin Valley Hospital [REDACTED] [REDACTED] Email: michael.peterson@avhnh.org</p>



2017 - 2018 Board of Directors

<p><i>Suzanne Gaetjens-Oleson, Director (2018)</i> Northern Human Services Regional Mental Health Administrator Administrative Offices [REDACTED] [REDACTED] Email: sgaetjens@northernhs.org</p>	<p><i>Jeanne Robillard, COO (2019)</i> Tri-County Community Action Program Chief Operating Officer [REDACTED] [REDACTED] Email: jrobillard@tccap.org</p>
<p><i>Ken Gordon, Director (2018)</i> Coos County Family Health Services Chief Executive Officer [REDACTED] Phone: 603-752-3669 x 4018 Email: kgordon@ccfhs.org</p>	<p><i>Fran Cusson, Interim Director (2018)</i> Androscoggin Valley Home Care Interim Executive Director [REDACTED] Phone: 603-752-7505 x 817 Email: fcusson@avhomecare.org</p>
<p><i>Michael Lee, Director (2018)</i> Weeks Medical Center President [REDACTED] [REDACTED] Email: michael.lee@weeksmedical.org</p>	<p><i>Karen Woods, Director (2018)</i> Cottage Hospital Administrative Director [REDACTED] [REDACTED] Email: kwoods@cottagehospital.org</p>
	<p><i>Indian Stream Health Center - Vacant</i></p>

- Prepare Hospital charges and post to patient accounts
- Work daily reports to spot check errors before claims are submitted
- Submit Internal Medicine claims to Medicare through Ivans Portal
- Work Negative Balance Report, correcting Contractual Adjustments and processing Refunds
- Work closely with the hospitals Clearinghouse SSI to fix issues with UB and 1500 claims
- Billing and Follow-Up specialist for numerous Health Insurance Agencies.
- Prepared and marked Invoices against PO's before entry, and batch scanned documents for backup.
- Processed AP month end closing and prepared/filed reports for Senior Staff.
- Balanced and verified various income and expense accounts, and prepared journal entries on a monthly basis.
- Assisted in Fiscal Year End and Calendar Year End procedures, and in preparation for the yearly Audit.
- Utilized BNA Fixed Asset program to track depreciation of Land, Buildings, and Major/Minor Equipment.

Green Mountain Monogram

Wells River, VT

Production Manager

November, 2007-October, 2009

- Provided weekly schedule for production crew
- Produced weekly and monthly reports of output to supervisors
- Prepared budgets
- Tracked Inventory of unprinted material
- Quality Controller
- Purchased supplies and goods for production
- Majority of time spent working together with production crew
- Consulted with art and sales departments about upcoming production deadlines
- Performed daily, weekly, and monthly maintenance to machinery

Native Sons

Myrtle Beach, SC

Quality Controller, Sample Department

February, 2007-October, 2007

- Supervised two crews on the production floor, ensuring quality while running a press
- Produced sample shirts for approval by Abercrombie and Fitch
- Assisted in bulk runs, including setting up and running of the orders
- Printed shirts with quickness and precision
- Worked extra hours when needed

Green Mountain Monogram, Inc.

Wells River, VT

Road Crew Manager, Screen Printer

June, 2000-October, 2006

- Managed car shows, including handling of funds and decision making
- Transported company vehicles and merchandise across USA
- Managed crew while on road
- Printed shirts with quickness and precision

- Stepped in on short notice to burn screens for printing, saving company time and money
- Worked extra hours when needed by company
- Provided excellent customer service and adapted well to on-the-road environment
- Provided temporary marketing service for the employers apparel

COMPUTER SKILLS:

- Windows 98 and XP
- Microsoft Excel and Word
- Internet Explorer
- ACL (auditing software)
- HMS (Health Management Systems)
- Ivans (Medicare Portal)
- Quicken Home (personal use)
- QuickBooks (Certified User)
- BNA Fixed Assets Program

Professional Profile

Certified Public Health Registered Dental Hygienist with experience in general practice and public health dental care. Background includes public health school-based dental program, mobile dental services in nursing home settings, and private practice dental hygiene experience.

Experience

Registered Dental Hygienist, Certified Public Health Dental Hygienist

September 2012 to present
North Country Health Consortium/The Molar Express

Responsibilities include:

- Providing comprehensive and preventive dental services in school-based settings, nursing homes and community dental clinics.
- Maintaining current knowledge of federal, state and institutional regulations to meet provisions of outpatient dental services in public health settings.
- Placement of temporary restorations.
- Placement of glass ionomer and resin-based sealants.
- Maintenance of electronic patient records, clinical inventory control, and schedule coordination.
- Individualized patient education plans and treatment planning.
- Care coordination of patient referrals for specialized dental services.
- Development and presentation of oral health education workshop modules in outreach, community and school-based settings, including health careers camps with dental simulator training.
- Equipment maintenance and repair of portable dental equipment.
- Survey screener for the 2014 Oral Health Survey of New Hampshire Older Adults.

Registered Dental Hygienist

2010-2012 Tri-County Head Start, Berlin, NH

Responsibilities included:

- Facilitating oral hygiene educational workshops for Coos, Carroll, and Grafton County Head Start staff, students and families; providing direct preventive services to Head Start students.
- Promotion of the Head Start Dental Home Initiative by coordinating with local dentists, Head Start staff and families to find dental homes for Head Start students in need of comprehensive oral healthcare services.
- Development and presentation of educational seminars for dental practices on the topic of integrating infant and toddler dental examinations into their practices.

Registered Dental Hygienist Volunteer

2012 Senior Center Oral Health Survey in Coos County

Registered Dental Hygienist

2008-2009 NH Department of Health and Human Services, Concord, NH

Responsibilities included:

- Coordinating and conducting data collection aspects of grant-funded oral health and body mass index screenings of students in select areas of New Hampshire for statewide school-based survey.
- Presentation of designated survey details to school administrators and nursing staff, meeting all data collection protocols, providing oral hygiene education and nutrition-based educational presentations to all classroom participants of the survey.
- Administration of follow-up letters to parents of survey participants.
- All work was completed independently and required submission of completed survey data to the oral health/BMI program supervisor within the 2008-2009 school year.

Registered Dental Hygienist
2005-2008 North Country Health Consortium, Whitefield, NH

Registered Dental Hygienist
2002-2004 Gorham Family Dentistry, Gorham, NH

Registered Dental Hygienist
1995-2002 Dr. Berkeley Pemberton, DDS, Berlin, NH

Education

New Hampshire Technical Institute, Concord, NH
1993-1995
Associate in Science, Major in Dental Hygiene

New Hampshire Technical Institute, Concord, NH
2014
Completed Certified Public Health Dental Hygiene training program

Granite State College
2014-2015 currently completing bachelor's degree program

References

Available upon request.

Annette L. Cole, RDH

1843 Hutchins St. Berlin, NH 03570 (603) 752-4164 alc@ne.rr.com

FRANCINE C. MORGAN



EDUCATION:

Master of Business Administration in Human Resources (MBA/HRM), April 2008

University of Phoenix Online, Phoenix AZ

B.S. in Hospitality Management, May 1997

University of New Hampshire, Durham NH

WORK

EXPERIENCE:

Senior Program Manager

North Country Health Consortium, Littleton NH

(Oct. 2013 – present)

- Assists with development of grants as required and reporting to funding agencies
- Direct oversight for Substance Misuse Prevention and Continuum of Care staff and initiatives
- Responsible for assessing, interpreting and incorporating new and revised regulatory and government contract requirements into operations
- Develop and manage grant, program budgets and subcontracts in conjunction with Finance Director
- Coordination and collaboration for projects as needed, such as project management consulting for Federally Qualified Health Centers (FQHC) in Northern NH and Health Insurance Marketplace outreach and enrollment efforts in Northern NH

The Molar Express, Oral Health Program Manager

North Country Health Consortium, Littleton NH

(June 2012 – present)

- Direct management and supervision of department administrative and clinical staff including timekeeping and scheduling, interviewing, training, planning, performance appraisal, problem solving and conflict resolution
- Implementation updates of Softdent EMR practice management software for dental clinic including administration of providers, users and clinical set up of paperless environment
- Provide leadership in the development and implementation of clinic policies and procedures
- Ensure compliance with standards, laws, and regulations with respect to the appropriate overseeing agencies
- Collects and compiles statistical clinic and patient data as needed for grant development and other reporting requirements

Area Health Education Center (AHEC) Program Coordinator

North Country Health Consortium, Littleton NH

(Aug. 2010 – June 2012)

- Plans, implements, coordinates and evaluates health careers activities designed to stimulate interest in health career professions, community education trainings, and other wellness programming

Adjunct Faculty, Granite State College, Conway NH

(Jan. 2010 – 2012)

Human Resources Rep., Per diem, Kendal at Hanover, Hanover NH (June 2005 – Jan. 2008)

Human Resources Rep., Kendal at Hanover, Hanover NH

(Sept. 2001- June 2005)

- Management of employee relations for 250+ employees
- Executed performance management through job descriptions and a strategically aligned broad band compensation structure
- Responsible for market wage analysis and appropriate measures to prevent compression issues
- Ensured compliance with DOL, OSHA, ADA, HIPAA, FMLA, EEOC, and COBRA labor laws
- Also provided recruiting, recordkeeping, payroll, and benefit support

Senior Event Manager, Boston Marriott Copley Place, Boston MA

(June 1999- June 2001)

- Managed complex conventions along with all Event Management responsibilities
- Handled conventions from 200-3000+ attendees

Event Manager, Boston Marriott Copley Place, Boston MA

(Apr. 1998- June 1999)

- Coordinated all details for a customer's conference and integrate teams to carry out events
- Ensured proper group rooms and catering cost forecasting to maximize usage and profitability

CERTIFICATION:

Plant-based Nutrition: eCornell and T. Collin Campbell Foundation (Feb. 2012)

LANGUAGE:

Fluent in French, competent in Spanish

NORTH COUNTRY HEALTH CONSORTIUM

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Annette Cole	Dental Hygienist		57.31%	\$49,462
Tim Florentine	Finance Assistant		5.00%	\$ 3,742
Francine Morgan	Program Director		5.00 %	\$ 2,659
			TOTAL	\$55,863

MLC
27F

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

Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

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

May 31, 2018

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

REQUESTED ACTION

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

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

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

Summary Chart

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

VENDOR NAME	REGION SERVED	Current Budget	(Decrease)	Increase	Modified Budget
Manchester Health Dept.	Manchester	\$1,167,744	\$0	\$0	\$1,167,744
Mary Hitchcock Mem Hospital	Sullivan	\$755,539	(\$77,378)	\$0	\$678,161
Mary Hitchcock Mem Hospital	Upper Valley	\$761,017	(\$74,074)	\$0	\$686,943
Mid-State Health Center	Central	\$770,782	(\$80,196)	\$0	\$690,586
North Country Health Consortium	North Country	\$946,538	(\$81,016)	\$0	\$865,522
	TOTAL	\$10,415,869	(\$98,842)	\$159,990	\$9,677,017

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

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

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

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

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

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

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

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

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

See attached Financial Detail Sheet

EXPLANATION

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

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

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

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

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

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

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

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

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

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

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

Area served: statewide.

Source of Funds:

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

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

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

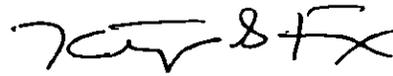
Respectfully submitted;



Lisa M. Morris

Director

Division of Public Health Services

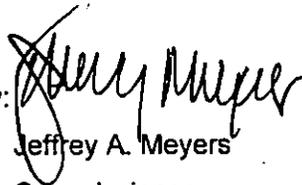


Katja S. Fox

Director

Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers

Commissioner



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

Building Resilience Against Climate Effects
And Severe Weather

RFP-2018-DPHS-19-BUILD

RFP Name

RFP Number

Bidder Name

1. County of Cheshire

2. Lamprey Health Care

Pass/Fail	Maximum Points	Actual Points
	285	222
	285	234

Reviewer Names

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

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

05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND PERFORMANCE
100% Federal Funds
CFDA #93.758 FAIN #B010T009037

City of Nashua				Vendor # 177441-B011	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

County of Cheshire				Vendor # 177372-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Greater Seacoast Community Health				Vendor # 154703-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Granite United Way - Capital Region				Vendor # 160015-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Granite United Way - Carroll County Region				Vendor # 160015-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Granite United Way -South Central Region				Vendor # 160015-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Lamprey Health Care				Vendor #177677-R001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

Lakes Region Partnership for Public Health				Vendor # 165635-B001	PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	15,000	-	15,000
			Sub-Total	30,000	-	30,000

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

Manchester Health Department

Vendor # 177433-B009

PO #

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

PO #

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

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

Mid-State Health Center

Vendor # 158055-B001

PO #

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

North Country Health Consortium

Vendor # 158557-B001

PO #

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

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

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

PO #

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

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

County of Cheshire

Vendor # 177372-B001

PO #

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

Greater Seacoast Community Health

Vendor # 154703-B001

PO #

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

Granite United Way - Capital Region

Vendor # 160015-B001

PO #

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

PO #

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

Granite United Way -South Central Region

Vendor # 160015-B001

PO #

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

Lamprey Health Care

Vendor #177677-R001

PO #

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

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

PO #

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

Manchester Health Department

Vendor # 177433-B009

PO #

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

PO #

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

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

Mid-State Health Center

Vendor # 158055-B001

PO #

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

North Country Health Consortium

Vendor # 158557-B001

PO #

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

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

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR
BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds
CFDA #93.959 FAIN #TI010035**

City of Nashua		Vendor # 177441-B011			PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	92,669	-	92,669
	102-500731	Contracts for Prog Svc	92056504	40,490	-	40,490
		Sub Total 2018		133,159	-	133,159
SFY 2019	102-500731	Contracts for Prog Svc	92056502	91,162	-	91,162
	102-500731	Contracts for Prog Svc	92056504	41,244	-	41,244
		Sub Total 2019		132,406	-	132,406
		Sub-Total		265,565	-	265,565

County of Cheshire		Vendor # 177372-B001			PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	94,324	-	94,324
	102-500731	Contracts for Prog Svc	92056504	39,663	-	39,663
		Sub Total 2018		133,987	-	133,987
SFY 2019	102-500731	Contracts for Prog Svc	92056502	94,324	-	94,324
	102-500731	Contracts for Prog Svc	92056504	39,663	-	39,663
		Sub Total 2019		133,987	-	133,987
		Sub-Total		267,974	-	267,974

Greater Seacoast Community Health		Vendor # 154703-B001			PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	82,380	-	82,380
	102-500731	Contracts for Prog Svc	92056504	45,635	-	45,635
		Sub Total 2018		128,015	-	128,015
SFY 2019	102-500731	Contracts for Prog Svc	92056502	82,380	-	82,380
	102-500731	Contracts for Prog Svc	92056504	45,635	-	45,635
		Sub Total 2019		128,015	-	128,015
		Sub-Total		256,030	-	256,030

Granite United Way - Capital Region		Vendor # 160015-B001			PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	93,014	-	93,014
	102-500731	Contracts for Prog Svc	92056504	40,250	-	40,250
		Sub Total 2018		133,264	-	133,264
SFY 2019	102-500731	Contracts for Prog Svc	92056502	93,014	-	93,014
	102-500731	Contracts for Prog Svc	92056504	40,250	-	40,250
		Sub Total 2019		133,264	-	133,264
		Sub-Total		266,528	-	266,528

Granite United Way - Carroll County Region		Vendor # 160015-B001			PO #	
Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92056502	83,121	-	83,121
	102-500731	Contracts for Prog Svc	92056504	40,264	-	40,264
		Sub Total 2018		133,385	-	133,385
SFY 2019	102-500731	Contracts for Prog Svc	92056502	93,121	-	93,121
	102-500731	Contracts for Prog Svc	92056504	40,264	-	40,264
		Sub Total 2019		133,385	-	133,385
		Sub-Total		266,770	-	266,770

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

Granite United Way -South Central Region

Vendor # 160015-B001

PO #

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

Lamprey Health Care

Vendor #177677-R001

PO #

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

PO #

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

Manchester Health Department

Vendor # 177433-B009

PO #

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor #.177160-B003

PO #

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

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

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

Mid-State Health Center

Vendor # 158055-B001

PO #

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

North Country Health Consortium

Vendor # 158557-B001

PO #

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

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

80% Federal Funds & 20% General Funds

CFDA #93.959

FAIN #TI010035

City of Nashua

Vendor # 177441-B011

PO #

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

County of Cheshire

Vendor # 177372-B001

PO #

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

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

Greater Seacoast Community Health

Vendor # 154703-B001

PO #

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

Granite United Way - Capital Region

Vendor # 160015-B001

PO #

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

Granite United Way - Carroll County Region

Vendor # 160015-B001

PO #

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

Granite United Way -South Central Region

Vendor # 160015-B001

PO #

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

Lamprey Health Care

Vendor #177677-R001

PO #

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

Lakes Region Partnership for Public Health

Vendor # 165635-B001

PO #

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

Manchester Health Department

Vendor # 177433-B009

PO #

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

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

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

PO #

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

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

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

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

Mid-State Health Center

Vendor # 158055-B001

PO #

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

North Country Health Consortium

Vendor # 158557-B001

PO #

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

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

100% Federal Funds

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

PO #

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

County of Cheshire

Vendor # 177372-B001

PO #

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

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

Greater Seacoast Community Health

Vendor # 154703-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		220,000	-	220,000

Granite United Way - Capital Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		220,000	-	220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		220,000	-	220,000

Granite United Way -South Central Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	78,375	-	78,375
		Sub Total 2018		98,375	-	98,375
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		208,375	-	208,375

Lamprey Health Care

Vendor #177677-R001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	81,863	-	81,863
		Sub Total 2018		101,863	-	101,863
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	82,431	-	82,431
		Sub Total 2019		102,431	-	102,431
		Sub-Total		204,294	-	204,294

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		220,000	-	220,000

Manchester Health Department

Vendor # 177433-B009

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		220,000	-	220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	83,391	-	83,391
		Sub Total 2018		103,391	-	103,391
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	80,850	-	80,850
		Sub Total 2019		100,850	-	100,850
		Sub-Total		204,241	-	204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	88,979	-	88,979
		Sub Total 2018		108,979	-	108,979
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	83,220	-	83,220
		Sub Total 2019		103,220	-	103,220
		Sub Total 2021		-	-	-
		Sub-Total		212,199	-	212,199

Mid-State Health Center

Vendor # 158055-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub Total 2021		-	-	-
		Sub-Total		220,000	-	220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2018		110,000	-	110,000
SFY 2019	102-500731	Contracts for Prog Svc	92052409	20,000	-	20,000
	102-500731	Contracts for Prog Svc	92052410	90,000	-	90,000
		Sub Total 2019		110,000	-	110,000
		Sub-Total		220,000	-	220,000
		SUB TOTAL		2,440,109	-	2,440,109

05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757

Greater Seacoast Community Health

Vendor # 154703-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
		Sub-Total		22,000	-	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
		Sub-Total		22,000	-	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
		Sub-Total		22,000	-	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
		Sub-Total		22,000	-	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000	-	11,000
		Sub-Total		22,000	-	22,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760	-	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760	-	9,760
		Sub-Total		19,520	-	19,520

Mid-State Health Center

Vendor # 158055-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742	-	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742	-	10,742
		Sub-Total		21,484	-	21,484

North Country Health Consortium

Vendor # 158557-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120	-	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120	-	9,120
		Sub-Total		18,240	-	18,240
		SUB TOTAL		169,244	-	169,244

05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL PREPAREDNESS

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000	-	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000	-	85,000
		Sub-Total		170,000	-	170,000
		SUB TOTAL		170,000	-	170,000

05-95-90-901510-7936 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PUBLIC HEALTH PROTECTION, CLIMATE CHANGE ADAPTATION

100% Federal Funds

CFDA #93.070

FAIN #NU1EH001332

Cheshire County

Vendor # 177372-B001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90007936	-	11,430	11,430
SFY 2019	102-500731	Contracts for Prog Svc	90007936	-	68,570	68,570
		Sub-Total		-	80,000	80,000

Lamprey Health Care

Vendor #177677-R001

PO #

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased)	Modified Budget
SFY 2018	102-500731	Contracts for Prog Svc	90007936	-	14,981	14,981
SFY 2019	102-500731	Contracts for Prog Svc	90007936	-	65,009	65,009
		Sub-Total		-	79,990	79,990
		SUB TOTAL		-	159,990	159,990
		TOTAL		10,415,869	(738,852)	9,677,017



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

**State of New Hampshire
Department of Health and Human Services
Amendment #1 to the
Regional Public Health Network Services Contract**

This 1st Amendment to the Regional Public Health Network Services (hereinafter referred to as "Amendment #1") dated this 5th day of May, 2018, is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and the North Country Health Consortium (hereinafter referred to as "the Contractor"), a non-profit corporation with a place of business at 262 Cottage Street, Suite 230, Littleton, NH 03561.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 21, 2017 (Item #44), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, the State and the Contractor have agreed to make changes to the scope of work, payment schedules and terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, the State may modify the scope of work and the payment schedule of the contract upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to modify the scope of services and reduce the price limitation;

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$865,522.
2. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:
E. Maria Reinemann, Esq., Director of Contracts and Procurement.
3. Form P-37, General Provisions, Block 1.10, State Agency Telephone Number, to read:
603-271-9330.
4. Delete Exhibit A, Scope of Services, Continuum of Care Scope, as follows:
 - 4.1 Section 3, Required Services, Subsection 3.1.5, Continuum of Care, in its entirety, including Paragraphs 3.1.5.1 through 3.1.5.7.
 - 4.2 Section 4, Staffing, Subsection 4.3, Table Minimum Staffing Requirements, Continuum of Care Facilitator line as follows:

Continuum of Care Facilitator	0.75 FTE	1.0 FTE
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 - 4.3 Section 5, Reporting, Subsection 5.1.5, Continuum of Care, in its entirety, including Paragraphs 5.1.5.1 through 5.1.5.4.
 - 4.4 Section 6, Training and Technical Assistance Requirements, Subsection 6.1.4, Continuum of Care, in its entirety, including Paragraphs 6.1.4.1 through 6.1.4.5.
 - 4.5 Section 7, Performance Measures, Subsection 7.1.5, Continuum of Care, in its entirety, including Paragraphs 7.1.5.1 through 7.1.5.5.
5. Add Exhibit A-1 Additional Scope of Services (Continuum of Care), as of July 1, 2018.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

6. Delete Exhibit B-1 Budget for Regional Public Health Network Services – COC SFY 2018 in its entirety.
7. Delete in its entirety Exhibit B-2 Budget for Regional Public Health Network Services – COC, SFY 2019 and replace with Exhibit B-2 Budget Amendment #1 for Regional Public Health Network Services – COC SFY 2019.
8. Add Exhibit K, DHHS Information Security Requirements.

The rest of this page left intentionally blank.



**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

6/1/18
Date

[Signature]
Lisa Morris
Director

North Country Health Consortium

5/29/18
Date

[Signature]
Name: Wendy French
Title: CEO

Acknowledgement of Contractor's signature:

State of New Hampshire, County of Grafton on 5/29/18, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

[Signature]
Signature of Notary Public or Justice of the Peace

Karen Hoyt, Notary Public
Name and Title of Notary or Justice of the Peace
Notary Public - New Hampshire
My Commission Expires September 27, 2022

My Commission Expires: _____

**New Hampshire Department of Health and Human Services
Regional Public Health Network Services**



The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

6/5/18
Date

J. Cusack
Name: Lynmarie Cusack
Title: Sr Asst AG

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:



Scope of Services for Continuum of Care

1. Collaboration

- 1.1. The Contractor shall collaborate with Integrated Delivery Networks (IDNs), Regional Public Health Networks (RPHNs), and others as listed in order to:
 - 1.1.1. Provide regional initiatives to facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC), and also includes collaboration with Substance Misuse Service providers, Primary Health Care Service providers, and Mental Health Service providers.
 - 1.1.2. Update information in the regional assets and gaps assessment as needed, and also includes collaboration with Regional Access Point Services (RAPS).
 - 1.1.3. Update the priorities and actions identified in the regional Continuum of Care (CoC) development plan based on progress and need.
 - 1.1.4. Coordinate activities and resources toward achieving common development goals.
 - 1.1.5. Provide support for current and emerging initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments, and also includes collaboration with other providers and systems.
- 1.2. The Contractor shall collaborate with State, regional, and local partners to disseminate information to every community in the region in order to increase awareness of and access to services.

2. Staffing

- 2.1. The Contractor's staffing structure shall include a contract administrator and a finance administrator to administer all scopes of work relative to this contract. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 2.2. The Contractor shall hire and provide supports for a project lead that is a minimum 50% FTE for the following scope of work: CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this contract provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval.



3. Reporting

- 3.1. The Contractor shall submit quarterly reports that indicate progress toward Performance Measures in Section 5.
- 3.2. The Contractor shall submit a year-end report that summarizes annual progress made toward Performance Measures in Section 5.

4. Training and Technical Assistance Requirements

- 4.1. The COC facilitator shall be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 4.2. The COC facilitator shall participate in:
 - 4.2.1. Quarterly CoC Facilitator meetings.
 - 4.2.2. Online CoC Learning Collaborative opportunities as indicated by DHHS contracted technical assistance provider and/or the Bureau of Drug and Alcohol Services (BDAS) to:
 - 4.2.2.1. Receive information on emerging initiatives and opportunities,
 - 4.2.2.2. Discuss best ways to integrate new information and initiatives.
 - 4.2.2.3. Exchange information on CoC development work and techniques.
 - 4.2.2.4. Assist in the development of measure for regional CoC development.
 - 4.2.2.5. Obtain other information as indicated by BDAS or requested by CoC facilitators.
 - 4.2.3. Small group information and/or guidance sessions with BDAS and/or the entity contracted by the department to determine and provide training and technical assistance
- 4.3. The COC facilitator shall participate in site visits to review and receive feedback and/or guidance concerning Regional Assets and Gaps Assessment, Regional CoC Development Plan, and other contract related activities.

5. Performance Measures

- 5.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:
 - 5.1.1. Increased Awareness of and Access to Services:
 - 5.1.1.1. Five percent (5%) increase in the number of calls to the Crisis Line for every six (6) months of the project as compared to the number of calls in the last six (6) months of SFY2017 as a result of materials distributed to communities in region.



- 5.1.1.2. Five percent (5%) increase in the number of clients accessing BDAS services for every 6 months of the contract as indicated by service admission data compared to the first six (6) months of SFY2018.
- 5.1.2. Improved Communications and Collaboration among Substance Misuse, Primary Health, and Behavioral Health providers
 - 5.1.2.1. Five percent (5%) increase in number of providers attending and joining in RPHN and IDN systems development conversations annually for every six (6) months of the contract as compared to number of providers participating in RPHN and IDN systems development conversations indicated by meeting attendance numbers in the first (6) months of SFY2018,
 - 5.1.2.2. Five percent (5%) increase in number of cross-referral, cooperation, and/or communication agreements between providers annually for every six (6) months of the contract as compared to number of agreements the first six (6) months of SFY2018
- 5.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.

**Exhibit B-2 Budget
Amendment #1**

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

**Regional Public Health Network Services -
Budget Request for: CoC**

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/Fixed Cost
1. Total Salary/Wages	\$ 26,946.00	\$ 3,287.41	\$ 30,233.41	
2. Employee Benefits	\$ 5,928.00	\$ 723.22	\$ 6,651.22	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 282.00	\$ 34.40	\$ 316.40	
6. Travel	\$ 725.00	\$ 88.45	\$ 813.45	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,043.00	\$ 127.25	\$ 1,170.25	
9. Software (Internet Access)	\$ 810.00	\$ 97.70	\$ 907.70	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 435.00	\$ 53.07	\$ 488.07	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 36,169.00	\$ 4,411.60	\$ 40,580.50	

Indirect As A Percent of Direct

12.2%

RFP-2018-DPHS-01-REGION-13

Contractor Initials: n2

Page 1 of 1

Date: 5/29/18

NONPROFIT RATE AGREEMENT

EIN: 1020503184A1

DATE:07/10/2017

ORGANIZATION:

FILING REF.: The preceding agreement was dated 07/27/2016

North Country Health Consortium, Inc.
262 Cottage Street, Suite 230
PO Box 438
Littleton, NH 03561

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	10/01/2015	09/30/2016	12.20	On-Site	All Programs
PROV.	10/01/2016	09/30/2018	12.20	On-Site	All Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations) and subawards.

ORGANIZATION: North Country Health Consortium, Inc.

AGREEMENT DATE: 7/10/2017

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Treatment of Fringe Benefits: Fringe benefits applicable to direct salaries and wages are treated as direct costs.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$2,000.

NEXT PROPOSAL DUE DATE

Your next proposal based on actual costs for the fiscal year ending 09/30/17 is due in our office by 03/31/18.

Telephone: (212) 264-2069

HHS REPRESENTATIVE: Edwin Miranda

(DATE) 5024

7/10/2017

(TITLE)

Deputy Director, Cost Allocation Services

(NAME)

Darryl W. Mayes

(SIGNATURE)

Darryl W. Mayes - S
Digitally signed by Darryl W. Mayes - S
DN: cn=Darryl W. Mayes - S, o=HHS, ou=Office of Management and Enterprise Services, email=Darryl.W.Mayes@hhs.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ON BEHALF OF THE FEDERAL GOVERNMENT:

BY THE INSTITUTION: North Country Health Consortium, Inc.

IT may Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

notification of the agreement.

The rates in this agreement were approved in accordance with the authority in title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the agreement to other Federal Agencies to give them early

D. PER BY OTHER FEDERAL AGENCIES:

the difference between the costs used to establish the fixed rate and actual costs.

If a fixed rate is in this agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for

C. FIXED RATES:

approval may result in cost disallowances.

are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain

this agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but

period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of

B. ACCOUNTING CHANGES:

The agreement is based on the accounting system purported by the organization to be in effect during the agreement

period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of

have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to

establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such

situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

A. LIMITATIONS:

The rates in this agreement are subject to any statutory or administrative limitations and apply to a given grant,

contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the

following conditions: (1) Only costs incurred by the organization and are allowable under the governing cost principles;

accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles;

(2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs

have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to

establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such

situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

SECTION III: GENERAL

AGREEMENT DATE: 7/10/2017
ORGANIZATION: North Country Health Consortium, Inc.

New Hampshire Department of Health and Human Services



Exhibit K

DHHS Information Security Requirements

A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic



Exhibit K

DHHS Information Security Requirements

mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
2. The Contractor must not disclose any Confidential Information in response to a

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

MD

5/29/18



Exhibit K

DHHS Information Security Requirements

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

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whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.
2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.
3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
 2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from



the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to *Vendor Resources/Procurement* at <https://www.nh.gov/doi/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer, and additional email addresses provided in this section, of any security breach within two (2) hours of the time that the Contractor learns of its occurrence. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
 - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
 - b. safeguard this information at all times.
 - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
 - d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

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DHHS Information Security Requirements



- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches within two (2) hours of the time that the Contractor learns of their occurrence.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and



5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

- A. DHHS contact for Data Management or Data Exchange issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- B. DHHS contacts for Privacy issues:

DHHSPrivacyOfficer@dhhs.nh.gov

- C. DHHS contact for Information Security issues:

DHHSInformationSecurityOffice@dhhs.nh.gov

- D. DHHS contact for Breach notifications:

DHHSInformationSecurityOffice@dhhs.nh.gov

DHHSPrivacy.Officer@dhhs.nh.gov

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5/29/18



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964



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Jeffrey A. Meyers
Commissioner

Lisa Morris, MSSW
Director

May 23, 2017

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services and Division for Behavioral Health Services, to enter into agreements with the 13 vendors listed in the chart below, in an amount not to exceed \$10,415,869, to provide Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and Public Health Advisory Council coordination services statewide, effective July 1, 2017 or upon the date of Governor and Council approval, whichever is later, through June 30, 2019. Funds are 92% Federal Funds, 8% General Funds.

Funds are anticipated to be available in the accounts in the attached Financial Detail in SFY 2018 and SFY 2019, upon the availability and continued appropriation of funds in the future operating budgets, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified, without approval from Governor and Executive Council.

Summary Chart

Table with 5 columns: VENDOR NAME, REGION SERVED, SFY 2018, SFY 2019, TOTAL. Lists 13 vendors and their funding amounts for 2018, 2019, and a total of \$10,415,869.

See attached Financial Detail Sheet

EXPLANATION

This requested action seeks approval of thirteen (13) of 13 agreements for the provision of Regional Public Health Network services including public health emergency preparedness, substance misuse prevention, substance use disorders continuum of care, school-based influenza clinics, and hosting of a Public Health Advisory Council to coordinate public health services in a defined Public Health Region. Each Regional Public Health Network site serves a specific region, with every municipality in the state assigned to a region.

Each of the Regional Public Health Advisory Councils will engage senior-level leaders from throughout their region to serve in an advisory capacity over the services funded through this agreement. The purpose of the Regional Public Health Advisory Councils is to set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and to serve in this advisory role over all public health and substance use disorders activities occurring in their region.

The thirteen vendors will lead a coordinated effort with regional public health, health care and emergency management partners to develop and exercise regional public health emergency response plans to improve the regional capability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.

The thirteen vendors will address substance misuse across the continuum of services. Each Network will implement a three-year substance misuse prevention plan with identified goals and objectives to reduce the burden and related consequences of substance use disorders. Each will also facilitate processes that guide regional partners in their ongoing work to assess assets and gaps in substance use services, implement a plan to address identified gaps, develop capacity and improve access to services. This is done in collaboration with regional partnerships, local substance use coalitions and the Public Health Advisory Council to ensure the development of a regional continuum of care which includes health promotion, prevention, intervention, and treatment recovery supports toward better health outcomes for individuals, families, and communities.

Eleven vendors applied for Young Adult Substance Misuse Prevention Strategies and will provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.

Eight vendors applied for the School-Based Clinic initiative and will implement seasonal influenza vaccination clinics in select primary and secondary schools. Seasonal influenza vaccination rates lag behind the rates for all other recommended childhood immunizations. In order to increase the percent of children 5 to 18 years of age who are vaccinated against influenza, New Hampshire must increase access to vaccination services in this school-aged population. New Hampshire's efforts to vaccinate infants and young children against influenza have been more successful than efforts to vaccinate school age children, as demonstrated by the National Immunization Survey. The Division of Public Health Services' goal is to increase the percent of children in NH ages 5-12 from 70.8% in the 2015-2016 influenza season and from 57.1% for children age 13-17 years in that same period to the national Healthy People 2020 goal of 80% for all children.

Achieving higher rates of influenza immunization in a school community is known to lower illness and absenteeism among children and school staff. Schools will be selected in order to access children who may experience the greatest barriers to vaccination including, but not limited to: a lack of local medical providers; lack of transportation; socioeconomic status; or who live in communities in Medically Underserved Areas.

One vendor applied for the Disaster Behavioral Health Response Team Liaison initiative and will provide statewide coordination for responding to the behavioral health needs of individuals, families, and communities following disasters and critical incidents. They will also facilitate increased regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities that include recruiting and training qualified volunteers, and integrating behavioral health into local and regional preparedness plans and exercises.

Notwithstanding any other provision of the Contract to the contrary, no services shall be provided after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

Should Governor and Executive Council not authorize this Request, both public health and substance use disorders services will be less coordinated and comprehensive throughout the state. Developing strong, regionally-based infrastructure to convene, coordinate, and facilitate an improved systems-based approach to addressing these health issues will, over time, reduce costs, improve health outcomes, and reduce health disparities.

All thirteen vendors were selected for this project through a competitive bid process. A Request for Proposals was posted on The Department of Health and Human Services' web site from February 3, 2017 through March 15, 2017. In addition, a bidder's conference was held on February 13, 2017.

The Department received thirteen (13) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The review included a thorough discussion of the strengths and weaknesses of the proposals/applications. The Bid Summaries are attached.

As referenced in the Request for Proposals and in Exhibit C-1 of this contract, this Agreement has the option to extend for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Council.

The performance measures/objectives that will be used to measure the effectiveness of the agreement are attached:

Area served: statewide.

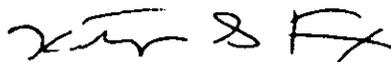
Source of Funds: 92% Federal Funds from Centers for Disease Control and Prevention, Preventive Health Services Grant, Public Health Emergency Preparedness Program, TP12-1201 Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements, and the National Center for Immunization and Respiratory Diseases, and from the US DHHS' Substance Abuse and Mental Health Services Administration, Substance Abuse Prevention and Treatment Block Grant and NH Partnership for Success Initiative, and 8% General Funds.

In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,

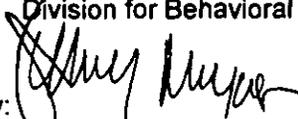


Lisa Morris, MSSW
Director
Division of Public Health Services



Katja S. Fox
Director
Division for Behavioral Health Services

Approved by:



Jeffrey A. Meyers
Commissioner

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-90-901010-5362 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH SYSTEMS, POLICY AND
PERFORMANCE**

**100% Federal Funds
CFDA #93.758**

FAIN #B01OT009037

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90001022	30,000
SFY 2019	102-500731	Contracts for Prog Svc	90001022	30,000
			Sub-Total	60,000
			SUB TOTAL	780,000

**05-95-90-902510-7545 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, EMERGENCY
PREPAREDNESS**

73% Federal Funds & 27% General Funds

CFDA #93.074 & 93.069

FAIN #U90TP000535

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	117,673
SFY 2018	102-500731	Contracts for Prog Svc	90077028	52,000
SFY 2018	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	194,673
SFY 2019	102-500731	Contracts for Prog Svc	90077410	142,673
	102-500731	Contracts for Prog Svc	90077028	52,000
			Sub Total 2019	194,673
			Sub-Total	389,346

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2018	81,738
SFY 2019	102-500731	Contracts for Prog Svc	90077410	61,738
	102-500731	Contracts for Prog Svc	90077028	20,000
			Sub Total 2019	81,738
			Sub-Total	163,476

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	84,166
SFY 2019	102-500731	Contracts for Prog Svc	90077410	50,366
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	84,166
			Sub-Total	168,332

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2018	84,939
SFY 2019	102-500731	Contracts for Prog Svc	90077410	74,939
	102-500731	Contracts for Prog Svc	90077028	10,000
			Sub Total 2019	84,939
			Sub-Total	169,878

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	85,783
SFY 2019	102-500731	Contracts for Prog Svc	90077410	51,983
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	85,783
			Sub-Total	171,566

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2018	86,071
SFY 2019	102-500731	Contracts for Prog Svc	90077410	52,271
	102-500731	Contracts for Prog Svc	90077028	33,800
			Sub Total 2019	86,071
			Sub-Total	172,142

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	78,863
SFY 2019	102-500731	Contracts for Prog Svc	90077410	78,863
			Sub-Total	157,726

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	203,055
	102-500731	Contracts for Prog Svc	90077028	57,168
	102-500731	Contracts for Prog Svc	90077408	25,000
			Sub Total 2018	285,223
SFY 2019	102-500731	Contracts for Prog Svc	90077410	228,055
	102-500731	Contracts for Prog Svc	90077028	57,168
			Sub Total 2019	285,223
			Sub-Total	570,446

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	76,000
SFY 2019	102-500731	Contracts for Prog Svc	90077410	76,000
			Sub-Total	152,000

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077410	80,500
SFY 2019	102-500731	Contracts for Prog Svc	90077410	80,500
			Sub-Total	161,000
			SUB TOTAL	2,731,912

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

**05-95-92-920510-3380 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PREVENTION SERVICES
98% Federal Funds & 2% General Funds
CFDA #93.959 FAIN #TI010035**

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,480
	102-500731	Contracts for Prog Svc	TBD	91,169
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	66,175
	102-500731	Contracts for Prog Svc	TBD	92,474
		Sub Total 2019		158,649
		Sub-Total		317,298

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	79,324
	102-500731	Contracts for Prog Svc	TBD	79,325
		Sub Total 2019		158,649
		Sub-Total		317,298

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	67,380
	102-500731	Contracts for Prog Svc	TBD	91,269
		Sub Total 2019		158,649
		Sub-Total		317,298

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2018		158,514
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,014
	102-500731	Contracts for Prog Svc	TBD	80,500
		Sub Total 2019		158,514
		Sub-Total		317,028

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,121
	102-500731	Contracts for Prog Svc	TBD	80,528
		Sub Total 2019		158,649
		Sub-Total		317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Granite United Way -South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,375
	102-500731	Contracts for Prog Svc	TBD	80,274
		Sub Total 2019		158,649
			Sub-Total	317,298

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	73,649
	102-500731	Contracts for Prog Svc	TBD	85,000
		Sub Total 2019		158,649
			Sub-Total	317,298

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	69,367
	102-500731	Contracts for Prog Svc	TBD	89,282
		Sub Total 2019		158,649
			Sub-Total	317,298

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	83,040
	102-500731	Contracts for Prog Svc	TBD	75,609
		Sub Total 2019		158,649
			Sub-Total	317,298

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,267
	102-500731	Contracts for Prog Svc	TBD	80,382
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,275
	102-500731	Contracts for Prog Svc	TBD	74,374
		Sub Total 2019		158,649
			Sub-Total	317,298

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	84,575
	102-500731	Contracts for Prog Svc	TBD	74,074
		Sub Total 2019		158,649
		Sub-Total		317,298

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	78,453
	102-500731	Contracts for Prog Svc	TBD	80,196
		Sub Total 2019		158,649
		Sub-Total		317,298

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	77,776
	102-500731	Contracts for Prog Svc	TBD	80,873
		Sub Total 2018		158,649
SFY 2019	102-500731	Contracts for Prog Svc	TBD	77,488
	102-500731	Contracts for Prog Svc	TBD	81,161
		Sub Total 2019		158,649
		Sub-Total		317,298
		SUB TOTAL		4,124,604

**05-95-92-920510-3395 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, PFS2
100% Federal Funds**

CFDA #93.243

FAIN #SP020796

City of Nashua

Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	11,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		11,000
		Sub-Total		31,000

County of Cheshire

Vendor # 177372-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2018		20,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	-
		Sub Total 2019		20,000
		Sub-Total		40,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Granite United Way - South Central Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	78,375
		Sub Total 2018		98,375
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		208,375

Lamprey Health Care

Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	81,863
		Sub Total 2018		101,863
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	82,431
		Sub Total 2019		102,431
		Sub-Total		204,294

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Manchester Health Department

Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub-Total		220,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,391
		Sub Total 2018		103,391
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	80,850
		Sub Total 2019		100,850
		Sub-Total		204,241

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	88,979
		Sub Total 2018		108,979
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	83,220
		Sub Total 2019		103,220
		Sub Total 2021		-
		Sub-Total		212,199

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
		Sub Total 2021		-
		Sub-Total		220,000

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2018		110,000
SFY 2019	102-500731	Contracts for Prog Svc	TBD	20,000
	102-500731	Contracts for Prog Svc	TBD	90,000
		Sub Total 2019		110,000
			Sub-Total	220,000
			SUB TOTAL	2,440,109

**05-95-90-902510-5178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION
100% Federal Funds
CFDA #93.268 FAIN #H23IP000757**

Goodwin Community Health

Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Capital Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Granite United Way - Carroll County Region

Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Lakes Region Partnership for Public Health

Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Sullivan County Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	11,000
SFY 2019	102-500731	Contracts for Prog Svc	90023013	11,000
			Sub-Total	22,000

Mary Hitchcock Memorial Hospital - Upper Valley Region

Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,760
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,760
			Sub-Total	19,520

**FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)**

Mid-State Health Center

Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	10,742
SFY 2019	102-500731	Contracts for Prog Svc	90023013	10,742
			Sub-Total	21,484

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90023013	9,120
SFY 2019	102-500731	Contracts for Prog Svc	90023013	9,120
			Sub-Total	18,240
			SUB TOTAL	169,244

**05-95-90-902510-2239 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, HOSPITAL
PREPAREDNESS**

100% Federal Funds

CFDA #93.074 & 93.889

FAIN #U90TP000535

North Country Health Consortium

Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2018	102-500731	Contracts for Prog Svc	90077700	85,000
SFY 2019	102-500731	Contracts for Prog Svc	90077700	85,000
			Sub-Total	170,000
			SUB TOTAL	170,000
			TOTAL	10,415,869



**New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet**

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (CORE)

1. City of Nashua
2. County of Cheshire
3. Mary Hitchcock Memorial Hospital (Sullivan Co)
4. Mary Hitchcock Memorial Hospital (Upper Valley)
5. Goodwin Community Health
6. Granite United Way (Carroll Co)
7. Granite United Way (Capital Area PH)
8. Granite United Way (South Central)
9. Lakes Region Partnership for Public Health
10. Lamprey Health Care
11. Manchester Health Dept
12. Mid-State Health Center
13. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	650	380
	650	595
	650	600
	650	600
	650	562
	650	615
	650	600
	650	620
	650	550
	650	580
	650	550
	650	545
	650	557

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)



New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet

**Regional Public Health Network
Services**

RFP-2018-DPHS-01-REGION

RFP Name

RFP Number

Reviewer Names

Bidder Name (YAS)

1. Mary Hitchcock Memorial Hospital (Sullivan Co)
2. Mary Hitchcock Memorial Hospital (Upper Valley)
3. Goodwin Community Health
4. Granite United Way (Carroll Co)
5. Granite United Way (Capital Area PH)
6. Granite United Way (South Central)
7. Lakes Region Partnership for Public Health
8. Lamprey Health Care
9. Manchester Health Dept
10. Mid-State Health Center
11. North Country Health Consortium

Pass/Fail	Maximum Points	Actual Points
	200	153
	200	153
	200	145
	200	165
	200	173
	200	172
	200	120
	200	175
	200	160
	200	185
	200	168

1. Neil Twitchell, Administrator I
(TECH)
2. Rob O'Hannon, Program
Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs
(TECH)
4. Valerie Morgan, Administrator II
(TECH)
5. Jennifer Schirmer, Administrator I
(TECH)
6. Shelley Swanson, Administrator III,
(COST)
7. Laurie Heath, Administrator II
(COST)
8. Phillip Nadeau, Administrator III
(COST)



New Hampshire Department of Health and Human Services
Office of Business Operations
Contracts & Procurement Unit
Summary Scoring Sheet

Regional Public Health Network
Services
RFP Name

RFP-2018-DPHS-01-REGION
RFP Number

Reviewer Names

Bidder Name (PHEP)

1. City of Nashua
2. Manchester Health Dept
3. 0
4. 0
5. 0
6. 0

Pass/Fail	Maximum Points	Actual Points
	200	115
	200	180
		0
		0
		0
		0

1. Neil Twitchell, Administrator I (TECH)
2. Rob O'Hannon, Program Specialist III, (TECH)
3. Jill Burke, Chief of Prev & Ed Svcs (TECH)
4. Valerie Morgan, Administrator II (TECH)
5. Jennifer Schirmer, Administrator I (TECH)
6. Shelley Swanson, Administrator III, (COST)
7. Laurie Heath, Administrator II (COST)
8. Phillip Nadeau, Administrator III (COST)

44, 13

Subject: Regional Public Health Network Services, RFP-2018-DPHS-01-REGION-13

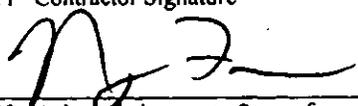
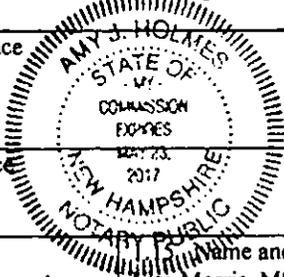
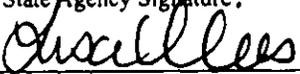
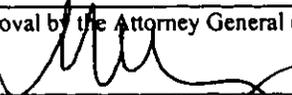
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name NH Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name North Country Health Consortium		1.4 Contractor Address 262 Cottage Street, Suite 230 Littleton, NH 03561	
1.5 Contractor Phone Number 603-259-3700 ext 223	1.6 Account Number 05-95-90-901010-5362-102-500731, 05-95-90-902510-7545-102-500731, 05-95-92-920510-3380-102-500731, 05-95-92-920510-3395-102-500731, 05-95-90-902510-5178-102-500731, 05-95-90-902510-2239-102-500731	1.7 Completion Date 06/30/19	1.8 Price Limitation \$946,538
1.9 Contracting Officer for State Agency Jonathan V. Gallo, Esq., Interim Director		1.10 State Agency Telephone Number 603-271-9246	
1.11 Contractor Signature 		1.12 Name and Title of Contractor Signatory Nancy Frank, CEO	
1.13 Acknowledgement: State of NH , County of Grafton On 5/8/17 , 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 Amy J Holmes			
1.14 State Agency Signature 	Date: 5/23/17	Name and Title of State Agency Signatory Lisa Morris, MSSW Director	
1.16 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.17 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  Megan A. York, Attorney 6/5/17			
1.18 Approval by the Governor and Executive Council (if applicable) By:  On: _____			

2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("State"), engages contractor identified in block 1.3 ("Contractor") to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT A which is incorporated herein by reference ("Services").

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.18, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.14 ("Effective Date").

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

4. CONDITIONAL NATURE OF AGREEMENT.

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this Agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

5. CONTRACT PRICE/PRICE LIMITATION/PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT B which is incorporated herein by reference.

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal opportunity laws. This may include the requirement to utilize auxiliary aids and services to ensure that persons with communication disabilities, including vision, hearing and speech, can communicate with, receive information from, and convey information to the Contractor. In addition, the Contractor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.

6.3 If this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this

Agreement. This provision shall survive termination of this Agreement.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

8. EVENT OF DEFAULT/REMEDIES.

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Event of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule;

8.1.2 failure to submit any report required hereunder; and/or

8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this Agreement, effective two (2) days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 treat the Agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 All data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by N.H. RSA chapter 91-A or other existing law. Disclosure of data requires prior written approval of the State.

10. **TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("Termination Report") describing in detail all Services performed, and the contract price earned, to and including the date of termination. The form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in the attached EXHIBIT A.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers' compensation or other emoluments provided by the State to its employees.

12. **ASSIGNMENT/DELEGATION/SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written notice and consent of the State. None of the Services shall be subcontracted by the Contractor without the prior written notice and consent of the State.

13. **INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

14. INSURANCE.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate; and

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 9.2 herein, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or his or her successor, a certificate(s) of insurance for all insurance required under this Agreement. Contractor shall also furnish to the Contracting Officer identified in block 1.9, or his or her successor, certificate(s) of insurance for all renewal(s) of insurance required under this Agreement no later than thirty (30) days prior to the expiration date of each of the insurance policies. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference. Each certificate(s) of insurance shall contain a clause requiring the insurer to provide the Contracting Officer identified in block 1.9, or his or her successor, no less than thirty (30) days prior written notice of cancellation or modification of the policy.

15. WORKERS' COMPENSATION.

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. Contractor shall furnish the Contracting Officer identified in block 1.9, or his or her successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

16. WAIVER OF BREACH. No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that Event of Default, or any subsequent Event of Default. No express failure to enforce any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other Event of Default on the part of the Contractor.

17. NOTICE. Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

18. AMENDMENT. This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no

such approval is required under the circumstances pursuant to State law, rule or policy.

19. CONSTRUCTION OF AGREEMENT AND TERMS.

This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

20. THIRD PARTIES. The parties hereto do not intend to benefit any third parties and this Agreement shall not be construed to confer any such benefit.

21. HEADINGS. The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

22. SPECIAL PROVISIONS. Additional provisions set forth in the attached EXHIBIT C are incorporated herein by reference.

23. SEVERABILITY. In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

24. ENTIRE AGREEMENT. This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire Agreement and understanding between the parties, and supersedes all prior Agreements and understandings relating hereto.



Scope of Services

1. Provisions Applicable to All Services

- 1.1. The Contractor will submit a detailed description of the language assistance services they will provide to persons with limited English proficiency to ensure meaningful access to their programs and/or services within ten (10) days of the contract effective date.
- 1.2. The Contractor agrees that, to the extent future legislative action by the New Hampshire General Court or federal or state court orders may have an impact on the Services described herein, the State Agency has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.
- 1.3. Notwithstanding any other provision of the Contract to the contrary, no services shall continue after June 30, 2017, and the Department shall not be liable for any payments for services provided after June 30, 2017, unless and until an appropriation for these services has been received from the state legislature and funds encumbered for the SFY 2018-2019 biennia.

2. Scope of Services

The Contractor shall:

- 2.1. Serve as a lead organization to host a Regional Public Health Network to provide a broad range of public health services within one or more of the state's thirteen designated public health regions to coordinate a range of public health and substance misuse prevention, and related health initiatives on a statewide basis to assure that all communities statewide are covered by initiatives to protect and improve the health of the public.
- 2.2. Services provided shall include:
 - 2.2.1. Sustaining a regional Public Health Advisory Council;
 - 2.2.2. Planning for and responding to public health emergencies;
 - 2.2.3. Preventing the misuse of substances; and
 - 2.2.4. Facilitating and sustaining a continuum of care to address substance use disorders.
 - 2.2.5. Young Adult Misuse Prevention Strategies
 - 2.2.6. Implementing and conducting seasonal influenza clinics in selected primary and secondary schools.
 - 2.2.7. Provide coordination for responding to behavioral health needs of individuals, families, and communities following disasters and critical incidents. Facilitate increased local and regional capacity to mitigate, prepare for, respond to, and recover from disasters and critical incidents through activities to include training, planning, and exercising behavioral health resources.



3. Required Services

The Contractor shall:

3.1.1. Public Health Advisory Council

- 3.1.1.1. Coordinate and facilitate the regional PHAC to provide leadership and direction to public health activities within the assigned region.
- 3.1.1.2. Recruit, train, and retain diverse regional PHAC representatives who have authority to make public health change through its leadership team, committees and maintain membership lists with detailed contact information. See Appendix I – Community Sectors.
- 3.1.1.3. Maintain a set of operating guidelines or by-laws to provide structure and legitimacy for the PHAC and its committees.
- 3.1.1.4. Ensure that at least one member of each committee representative of each scope of work within this RFP and the RPHN CHIP) serves on the PHAC to ensure bi-directional communication and coordination to support and advance the work of committees.
- 3.1.1.5. Plan and conduct regular meeting of the PHAC, its leadership team and committees.
- 3.1.1.6. Address emergent public health issues as identified by regional partners and the DHHS and mobilize key regional stakeholders to address the issue.
- 3.1.1.7. Develop annual action plans with the PHAC and its committees. The SMP, CoC, YA, and PHEP action plans must spell out in detail the activities to be carried out with the funding included in this RFP.
- 3.1.1.8. Collect, analyze and disseminate data about the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.
- 3.1.1.9. Maintain a current Community Health Improvement Plan (CHIP) that is aligned with the State Health Improvement Plan; provide leadership to network partners in order to implement CHIP priorities; and monitor CHIP implementation.
- 3.1.1.10. Publish an annual report to the community capturing the PHAC's activities and outcomes; and progress towards addressing CHIP priorities.
- 3.1.1.11. Maintain a website(s) that at a minimum includes information about the PHAC, SMP, CoC, YA and PHEP programs.
- 3.1.1.12. Conduct educational and training programs to network partners and others to advance the work of RPHN.
- 3.1.1.13. Educate key decision-makers and other stakeholder groups on the PHAC.
- 3.1.1.14. Seek other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP.

3.1.2. Public Health Emergency Preparedness

- 3.1.2.1. Provide leadership and coordination to improve regional emergency response plans and the capacity of partnering entities to mitigate, prepare for, respond to and recover from public health emergencies.



3.1.2.2. Provide leadership to regional PHEP partners directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (March 2011) and subsequent editions.

3.1.2.2.1. The US Centers for Disease Control and Prevention will conduct the Medical Countermeasure (MCM) Operational Readiness Review (ORR) over a two-year period. DHHS has determined reviews by RPHN will be conducted according to the following schedule.

MCM ORR Schedule

SFY 2018	SFY 2019
Seacoast RPHN	Greater Manchester RPHN
Greater Nashua RPHN	Monadnock RPHN
Strafford County RPHN	Capitol RPHN
South Central RPHN	Carroll County RPHN
North Country RPHN	Greater Sullivan RPHN
Winnepesaukee RPHN	Central RPHN
Upper Valley RPHN	

3.1.2.2.2. A MCM ORR self- assessment must be submitted to DHHS by September 30, 2017 for MCM ORR reviews scheduled in SFY 2018. DHHS will conduct these reviews between October 1, 2017 and March 31, 2018

3.1.2.2.3. A MCM ORR self-assessment must be submitted to DHHS by September 30, 2018 for MCM ORR reviews scheduled for SFY 2019. DHHS will conduct these reviews between October 1, 2018 and March 31, 2019.

3.1.2.2.4. The RPHNs not conducting the MCM ORR review each year will submit quarterly action goals to DHHS in accordance with CDC requirements. They will also meet quarterly with the DHH SNS coordinator to review progress.

3.1.2.3. Understand and assess the hazards and social conditions that increase vulnerability within the public health region.

3.1.2.4. Maintain the Regional Public Health Emergency Annex (RPHEA) based on guidance from DPHS; disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.

3.1.2.5. Maintain an inventory of supplies and equipment for use during emergencies.

3.1.2.6. Recruit, train, and retain volunteers to assist during emergencies, with a priority on individuals from the health care sector.

3.1.2.7. Conduct emergency drills and exercises in order to meet MCM ORR requirements; participate in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.

3.1.2.8. As requested by the DPHS, participate in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities (Capabilities) (<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>) published by the U.S. DHH Assistant Secretary for Preparedness and Response.



3.1.3. Substance Misuse Prevention

- 3.1.3.1. Provide leadership and coordination to impact substance misuse and related health promotion activities by implementing, promoting and advancing evidence-based primary prevention approaches, programs, policies, and services to prevent the onset of SUD by reducing risk factors and strengthening protective factors known to impact behaviors.
- 3.1.3.2. Provide leadership by engaging, convening, and maintaining a substance misuse prevention leadership team consisting of regional representatives with a special interest and expertise in substance misuse prevention that can help guide and advance prevention efforts in the region.
- 3.1.3.3. Implement the strategic prevention model that includes: assessment, capacity development, planning, implementation and evaluation.
<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>).
- 3.1.3.4. Implement evidenced informed approaches, programs, policies and services that adhere to evidence based guidelines:
<http://www.dhhs.nh.gov/dcbcs/bdas/documents/evidenceinformedpx.pdf>.
- 3.1.3.5. Maintain, revise, and publicly promote data driven regional substance misuse prevention 3-year Strategic Plan that aligns with the state's health plans (e.g. Governor's Commission on Alcohol and Drug Abuse Prevention; Treatment, and Recovery Plan and the State Health Improvement Plan).
- 3.1.3.6. Develop annual workplan that guides actions and outcome-based logic model that demonstrates short, intermediate and long term measures illustrative of the 3-year Strategic Plan, subject to Department's approval.
- 3.1.3.7. Advance, promote and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective and indicated by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families and communities.
- 3.1.3.8. Produce and disseminate annual report that demonstrates past year successes, challenges, outcomes and projected goals for the coming year.
- 3.1.3.9. Substance misuse prevention strategies and collection and reporting of data must comply with the federal block grant as outlined on the following document.
(<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>).
- 3.1.3.10. Ensure substance misuse prevention is represented at PHAC meetings and exchange of bi-directional information to advance efforts of substance misuse prevention initiatives.
- 3.1.3.11. At the direction of BDAS, Substance Misuse Prevention staff will assist with the Federal Block Grant Comprehensive Synar activities that consist of but not limited to: merchant and community education efforts, youth involvement, policy and advocacy efforts. More information <https://www.samhsa.gov/synar/about>.



3.1.4. Young Adult Leadership Program

- 3.1.4.1. Provide evidence-informed young adult substance misuse prevention strategies for age 18-25 in high risk or high need areas. The goals are to reduce risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance use.
- 3.1.4.2. Implement one CONNECT training each fiscal year through a subcontract with NAMI-NH to increase the young adult's (ages 18-25) knowledge and effectiveness to recognize substance misuse, mental illness and suicidal risk and to increase the capacity of young adults to take collaborative actions towards increasing awareness of substance misuse prevention, emotional health, and suicide among their peers and other stakeholders.
- 3.1.4.3. Continuously engage participants following the training to assist in prevention efforts within the region.
- 3.1.4.4. Collaborate with BDAS and NAMI-NH to design and implement supplemental trainings for participants who completed the CONNECT training.
- 3.1.4.5. Disseminate national best practice recommendations regarding safe messaging about suicide, drawing on consultation and information from NAMI-NH.
- 3.1.4.6. Serve as direct liaison with BDAS throughout the project.

3.1.5. Continuum of Care

- 3.1.5.1. Provide leadership for and facilitate the development of a robust continuum of care (CoC) utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC).
- 3.1.5.2. Engage regional partners (Prevention, Intervention, Treatment, Recovery Support Services, primary health care, behavioral health care and other interested and/or affect parties) in regional assets and gaps assessments, and regional CoC plan development and implementation.
- 3.1.5.3. Work toward, and adapt as necessary and indicated, the priorities and actions identified in the regional CoC development plan.
- 3.1.5.4. Facilitate and/or provide support for initiatives that result in increased and/or new service capacities that address gaps identified in asset and gaps assessments.
- 3.1.5.5. Demonstrate progress toward priorities and actions identified in the regional CoC development plan and service capacity increase activities.
- 3.1.5.6. Coordinate activities with other RPHN projects, Regional Access Point Services, and emerging initiatives that relate to CoC work (Example – Integrated Delivery Networks).
- 3.1.5.7. Disseminate resource guides and other service access information to places where people might seek help (health, education, safety, government, business, and others) in every community in the region.

3.1.6. Contract Administration and Leadership

- 3.1.6.1. Introduce and orient all funded staff to the work of all the activities conducted under the contract.
- 3.1.6.2. Ensure detailed workplans are submitted annually for each of the funded services based on templates provided by the DHHS.



Exhibit A

- 3.1.6.3. Ensure all staff has the appropriate training, education, experience, skills, and ability to fulfill the requirements of the positions they hold and provide training, technical assistance or education as needed to support staff in areas of deficit in knowledge and/or skills.
- 3.1.6.4. Ensure communication and coordination when appropriate among all staff funded under this contract.
- 3.1.6.5. Ensure ongoing progress is made in order to successfully complete annual workplans and outcomes achieved.
- 3.1.6.6. Ensure financial management systems are in place with the capacity to manage and report on multiple sources of state and federal funds, including work done by subcontractors.

3.1.7. Young Adult Substance Misuse Prevention Strategies

- 3.1.7.1. Provide evidence informed services and/or programs for young adults, ages 18 to 25 in high risk-high need communities within their region which are both appropriate and culturally relevant to the targeted population. Evidenced informed substance misuse prevention strategies are designed for targeted populations with the goals of reducing risk factors while enhancing protective factors to positively impact healthy decisions around the use of substances and increase knowledge of the consequences of substance misuse.
- 3.1.7.2. Funding shall not be used for the purposes of capacity building.
- 3.1.7.3. Evidenced-Informed Program, Practices or Policies meet one or more of the following criteria:
 - 3.1.7.3.1. Evidenced-Based-Programs, policies, practices that are endorsed as evidenced-based have demonstrated a commitment to refining program protocols and process, and a high quality, systematic evaluation documenting short-term and intermediate outcomes which are listed on the National Registry of Evidenced-Based Programs and Practices (NREPP) published by the Federal Substance Abuse Mental Health Services Authority (SAMHSA) or a similar published list (USDOE);
 - 3.1.7.3.2. Those programs, policies, and practices that have been published in a peer review journal or similar peer review literature; and/or
 - 3.1.7.3.3. Promising Practices which are programs that are endorsed as a promising practice that have demonstrated readiness to conduct a high quality, systematic evaluation. The evaluation includes the collection and reporting of data to determine the effectiveness on indicators highly correlated with reducing or preventing substance misuse. Promising practices are typically those that have been endorsed as such by a State's Expert Panel or Evidenced-Based Workgroup.
 - 3.1.7.3.4. Innovative programs that must apply to the State's Expert Panel within one year and demonstrate a readiness to conduct a high quality, systematic evaluation as described above.

3.1.8. School-Based Clinics

- 3.1.8.1. Conduct outreach to schools to enroll or continue in the SBC initiative.

AA
Date 5/8/12



Exhibit A

- 3.1.8.2. Coordinate information campaigns with school officials targeted to parents/guardians to maximize student participation rates.
- 3.1.8.3. Enroll students for vaccination with written parental consent.
- 3.1.8.4. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.
- 3.1.8.5. Procure necessary supplies to conduct school vaccine clinics.
- 3.1.8.6. Conduct vaccination clinics while ensuring the safety of the children and the safety of vaccine storage according to federal and state requirements.
- 3.1.8.7. Complete and submit individual consent forms of vaccination documentation and submit forms and aggregate reports of vaccinations to the DPHS Immunization Program.
- 3.1.8.8. Evaluate clinics' success and areas for improvement.

3.1.9. Disaster Behavioral Health Response Team Liaison

- 3.1.9.1. Establish and maintain relationships, including attending regularly scheduled meetings, with each of the RPHNs, community mental health centers, hospitals, Red Cross Chapters and Department of Safety field representatives in the assigned service area. Engage other stakeholders as appropriate
- 3.1.9.2. Inform state-level Disaster Behavioral Health Coordinator (DBHC) of local/regional needs and planning issues that may require the attention of the state.
- 3.1.9.3. Promote behavioral health as an essential component of disaster/emergency planning and responses activities.
- 3.1.9.4. Integrate disaster behavioral health planning efforts with those of public health, public safety and emergency medical entities to ensure coordination with local, regional and state plans. Ensure sustainability of the behavioral health component of the plans.
- 3.1.9.5. Participate in the design of and attend all drills, simulations and exercises in the assigned service area. Recruit DBHRT member involvement in drills/exercises. Contribute to after action report and post-deployment check in of participating DBHRT members.
- 3.1.9.6. Recruit, train, and retain response teams to ensure that team members meet the conditions of their agreement and receive training in order to ensure their capacity to respond to an emergency.
- 3.1.9.7. Conduct quarterly meetings of DBHRT members to share information, solicit concerns and explore suggestions for improving the team.
- 3.1.9.8. Coordinate and provide ongoing training for established DBHRT members with the state-level DBHC.
- 3.1.9.9. Inform state-level DBHC of team member involvement in drills/exercises, training and response to actual events.
- 3.1.9.10. Maintain regional "GO Kits" for teams.

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- 3.1.9.11. Maintain and update annually an accurate and complete resource directory of local behavioral health professionals who are trained to provide acute crisis, intermediate and long term behavioral health support to victims, families, vulnerable populations, first responders and the general public.
- 3.1.9.12. Promote knowledge and use of directory with local city, town and state officials.
- 3.1.9.13. In the event of a disaster/emergency/critical incident, assist in coordinating the behavioral health response with local and state officials and the state-level DBHC.
- 3.1.9.14. Assist in the activation of DBHRT members.
- 3.1.9.15. Coordinate orientation and pre-deployment briefings for DBHRT members.
- 3.1.9.16. Conduct an Initial Community Needs Assessment to determine the local behavioral health needs.
- 3.1.9.17. Serve in a Team Leader role in the absence of team leaders.
- 3.1.9.18. Assist in the coordination of response and recovery efforts. Provide leadership in local planning, coordination and collaboration of behavioral health services to disaster victims.

4. Staffing

- 4.1. The Contractor's staffing structure must include a contract administrator and a finance administrator to administer all scopes of work relative to this RFP. In addition, while there is staffing relative to each scope of work presented below, the administrator must ensure that across all funded positions, in addition to subject matter expertise, there is a combined level of expertise, skills and ability to understand data; use data for planning and evaluation; community engagement and collaboration; group facilitation skills; and IT skills to effectively lead regional efforts related to public health planning and service delivery. The funded staff must function as a team, ideally with complementary skills and abilities across these foundational areas of expertise to function as an organization to lead the Regional Public Health Network's efforts.
- 4.2. The Contractor shall hire and provide supports for a project lead that is a minimum 75% FTE for each of the following three (3) scopes of work: PHEP, SMP, and CoC Facilitator, with hours equivalent for each scope of work not to exceed one (1) FTE (meaning a position, or positions, with hours and benefits that are customary for a full-time position within the Bidder's policies for such a position). Recognizing that this RFP provides funding for multiple positions across the multiple program areas, which may result in some individual staff positions having additional responsibilities across several areas, including, but not limited to, supervising other staff. Any variation requires Departmental approval. See Table 1 – Minimum Staffing Requirements.



4.3. Table 1 – Minimum Staffing Requirements

Position Name	Minimum Required FTE for Lead Staff Positions	Total Required FTE for All Staff Positions (may include administrative support, program assistant, financial, supervisory, management, or other similar staff positions)
Public Health Advisory Council	No minimum FTE requirement	No minimum FTE requirement
Substance Misuse Prevention Coordinator	0.75 FTE	1.0 FTE
Continuum of Care Facilitator	0.75 FTE	1.0 FTE
Public Health Emergency Preparedness Coordinator	0.75 FTE	1.0 FTE
Young Adult Strategies (optional)	No minimum FTE requirement	No minimum FTE requirement
Young Adult Leadership	No minimum FTE requirement	No minimum FTE requirement

4.4. The Contractor may apply to use a portion of the funds assigned to the project lead for technical and/or administrative support personnel for each project lead.

4.5. PHAC activities and young adult strategies shall dedicate staff assigned to these programs including a designated project lead, either in-house or through subcontracts, necessary to perform and carry out all of the functions, requirements, roles and duties as proposed.

5. Reporting

The Contractor shall:

5.1.1. Site Visits

- 5.1.1.1. Participate in an annual site visit conducted by DPHS/BDAS that includes all funded staff, the contract administrator and financial manager.
- 5.1.1.2. Participate in site visits and technical assistance specific to a single scope of work as described in the sections below.
- 5.1.1.3. Submit other information that may be required by federal and state funders during the contract period.

5.1.2. Public Health Advisory Council

- 5.1.2.1. Submit quarterly PHAC progress reports using an on-line system administered by the DPHS.
- 5.1.2.2. Submit data from all evaluations of PHAC structure, processes and outcomes.
- 5.1.2.3. Participate in and utilize an evaluation tool relevant to the PHAC and the regional CHIP approved by the DHHS and using the entity contracted by the department to provide training and technical assistance.

5.1.3. Public Health Emergency Preparedness

- 5.1.3.1. Submit quarterly PHEP progress reports using an on-line system administered by the DPHS.

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- 5.1.3.2. Submit all documentation necessary to complete the MCM ORR annual review.
- 5.1.3.3. Submit quarterly action plans for MCM ORR activities on a form provided by the ESU.
- 5.1.3.4. Submit information documenting the required MCM ORR-related drills and exercises.
- 5.1.3.5. Submit final After Action Reports for any other drills or exercises conducted.
- 5.1.3.6. Submit electronic copies of the RPHEA and all appendices and attachments by June 30 of each year.

5.1.4. Substance Misuse Prevention

- 5.1.4.1. Provide required reports as indicated in each SMP scope of work:
 - 5.1.4.1.1. Quarterly submit SMP Leadership Team meeting agendas and minutes
 - 5.1.4.1.2. 3-Year Plans must be current and posted to RPHN website, any revised plans require BDAS approval
 - 5.1.4.1.3. Submission of annual workplans and annual logic models with short, intermediate and long term measures
 - 5.1.4.1.4. Input of data on a monthly basis to an online database (e.g. PWITS) per Department guidelines and in compliance with the Federal Block Grant (<http://www.dhhs.nh.gov/dcbcs/bdas/documents/bg-px-noms.pdf>). The data includes but is not limited to:
 - 1) Number of individuals served or reached
 - 2) Demographics
 - 3) Strategies and activities per IOM by the six (6) activity types.
 - 4) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
 - 5) Percentage evidence based strategies
 - 5.1.4.1.5. Submit annual report
 - 5.1.4.1.6. Provide additional reports or data as required by the Department.
 - 5.1.4.1.7. Participate and administer the Regional SMP Stakeholder Survey in alternate years.
 - 5.1.4.1.8. Meet with a team authorized by the Department once a year or as needed to conduct a site visit.

5.1.5. Continuum of Care

- 5.1.5.1. Submit updated regional assets and gaps assessments as indicated.
- 5.1.5.2. Submit updated regional CoC development plans as indicated.
- 5.1.5.3. Submit quarterly reports as indicated.
- 5.1.5.4. Submit year-end report as indicated.



5.1.6. Young Adult Strategies

- 5.1.6.1. Participate in an evaluation of the program that is consistent with the federal Partnership for Success 2015 evaluation requirements. Should the evaluation consist of participant surveys, vendors must develop a system to safely store and maintain survey data in compliance with the Department's policies and protocols. Enter the completed survey data into a database provided by the Department. Survey data shall be provided to the entity contracted by the Department to provide evaluation analysis for analysis.
- 5.1.6.2. Input data on a monthly basis to an online database (e.g. PWITS) as required by the Department. The data includes but is not limited to:
 - a) Number of individuals served
 - b) Demographics of individuals served
 - c) Types of strategies or interventions implemented
 - d) Dollar Amount and type of funds used in the implementation of strategies and/or interventions
- 5.1.6.3. Meet with a team authorized by the Department on a semiannual basis or as needed to conduct a site visit.

5.1.7. School-Based Clinics

- 5.1.7.1. Attend Summer Start up meeting with NHIP staff.
- 5.1.7.2. Submit consent forms and vaccine temperature tracking after each clinic.
- 5.1.7.3. Complete a year-end summary of total numbers of children vaccinated as well as accomplishments and improvements to future school-based clinics. Provide other reports and updates as requested by NHIP.

5.1.8. Disaster Behavioral Response Team Liaison

- 5.1.8.1. Submit quarterly progress reports to DHHS ESU. .
- 5.1.8.2. Provide other programmatic updates as requested by DHHS and DPHS.

6. Training and Technical Assistance Requirements

6.1.1. Public Health Advisory Council

- 6.1.1.1. Attend semi-annual meetings of PHAC leadership convened by DPHS/BDAS.
- 6.1.1.2. Complete a technical assistance needs assessment.

6.1.2. Public Health Emergency Preparedness

- 6.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by DPHS/ESU. Complete a technical assistance needs assessment.
- 6.1.2.2. Attend up to two trainings per year offered by DPHS/ESU or the agency contracted by the DPHS to provide training programs.

6.1.3. Substance Misuse Prevention

- 6.1.3.1. SMP coordinator shall attend community of practice meetings/activities.



Exhibit A

- 6.1.3.2. At DHHS' request engage with ongoing technical assistance to ensure the RPHN workforce is knowledgeable, skilled and has the ability to carry out all scopes of work (e.g. using data to inform plans and evaluate outcomes, using appropriate measures and tools, etc.)
- 6.1.3.3. Attend bimonthly meetings (6 per year).
- 6.1.3.4. Participate with DHHS technical assistance on interpreting the results of the Regional SMP Stakeholder Survey.
- 6.1.3.5. Attend additional meetings, conference calls and webinars as required by DHHS.
- 6.1.3.6. SMP lead staff must be credentialed within one year of hire as Certified Prevention Specialist to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board. (<http://nhpreventcert.org/>).
- 6.1.3.7. SMP staff lead must attend required training, Substance Abuse Prevention Skills Training (SAPST). This training is offered either locally or in New England 1 to 2 times yearly.

6.1.4. Continuum of Care

The CoC facilitator shall:

- 6.1.4.1. Be trained in the evidence-based Strategic Planning Model (includes five steps: Assessment, Capacity, Planning, Implementation, and Development), RROSC and NH DHHS CoC systems development and the "No Wrong Door" approach to systems integration.
- 6.1.4.2. Attend every other month CoC Facilitator meetings.
- 6.1.4.3. Participate in the CoC Learning Collaborative opportunities facilitated by DHHS contracted technical assistance provider and/or BDAS to:
 - 6.1.4.3.1. Receive information on emerging initiatives and opportunities,
 - 6.1.4.3.2. Discuss best ways to integrate new information and initiatives.
 - 6.1.4.3.3. Exchange information on CoC development work and techniques.
 - 6.1.4.3.4. Assist in the development of measure for regional CoC development.
 - 6.1.4.3.5. Obtain other information as indicated by BDAS or requested by CoC Facilitators.
- 6.1.4.4. Participate in one-on-one information and/or guidance sessions with BDAS and/or the entity contracted by the department to provide training and technical assistance
- 6.1.4.5. Participate in CoC Learning collaborative activities as indicated.

6.1.5. Young Adult Strategies

- 6.1.5.1. Ensure all young adult prevention program staff receive appropriate training in their selected evidenced-informed program by an individual authorized by the program developer.
- 6.1.5.2. Participate in ongoing technical assistance, consultation, and targeted trainings from the Department and the entity contracted by the department to provide training and technical assistance.

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6.1.6. School-Based Clinics

- 6.1.6.1. Staffing of clinics requires a currently licensed clinical staff person at each clinic to provide oversight and direction of clinical operations.

6.1.7. Disaster Behavioral Response Team Liaison

- 6.1.7.1. The DBHRTL will receive training in the following areas (with ongoing continuing education in subject matter relevant to disaster behavioral health, emergency preparedness / response, trauma, etc.):
 - 6.1.7.1.1. DBHRT-Initial training
 - 6.1.7.1.2. DBHRT-Team Leader training
 - 6.1.7.1.3. American Red Cross-Disaster Mental Health training
 - 6.1.7.1.4. Federal Emergency Management Agency-Incident Command System (FEMA-ICS) and National Incident Management System (NIMS) training
 - 6.1.7.1.5. Homeland Security and Emergency Management (HSEM)-Emergency Operations Center training
- 6.1.7.2. Attend bi-monthly meetings of PHEP coordinators and Public Health Network Emergency Preparedness Coordinators as available.
- 6.1.7.3. Complete at least one training, in coordination with the State DBHC, to recruit new volunteers.
- 6.1.7.4. Review research specific to Disaster Behavioral Health and trauma for continuous development and revision of training materials.

7. Performance Measures

- 7.1. The Contractor shall ensure that following performance indicators are annually achieved and monitored monthly, or at intervals specified by the DHHS, to measure the effectiveness of the agreement:

7.1.1. Public Health Advisory Council

- 7.1.1.1. Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- 7.1.1.2. Documentation that the PHAC membership represents public health stakeholders and the covered populations described in section 3.1.
- 7.1.1.3. CHIP evaluation plan that demonstrates positive outcomes each year: Five outcomes achieved each year, with three in the funded scopes of work and two in other CHIP priority areas.

7.1.2. Public Health Emergency Preparedness

- 7.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review based on prioritized recommendations from DHHS.
- 7.1.2.2. Response rate and percent of staff responding during staff notification, acknowledgement and assembly drills.



- 7.1.2.3. Percent of requests for activation met by the Multi-Agency Coordinating Entity.
- 7.1.2.4. Percent of requests for deployment during emergencies met by partnering agencies and volunteers.

7.1.3. Substance Misuse Prevention

- 7.1.3.1. As measured by Youth Risk Behavioral Survey (YRBS) and National Survey Drug Use and Health (NSDUH), **reductions in prevalence rates**
 - a) 30-day alcohol use
 - b) 30-day marijuana use
 - c) 30-day illegal drug use
 - d) Illicit drug use other than marijuana
 - e) 30-day Nonmedical use of pain relievers
 - f) Life time heroin use
 - g) Binge Drinking
 - h) Youth smoking prevalence rate, currently smoke cigarettes

Increase in perception of risk:

- i) Perception of risk from alcohol use
- j) Perception of risk from marijuana use
- k) Perception of risk from illegal drug use
- l) Perception of risk from Nonmedical use of prescription drugs without a prescription
- m) Perception of risk from binge drinking
- n) Perception of risk in harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day

Demonstrated outcomes related to Risk and Protective Factors that align with prevalence data and strategic plans.

7.1.4. Young Adult Leadership

- 7.1.4.1. Successful execution of a sub-contract with NAMI-NH.
- 7.1.4.2. At least 2 CONNECT trainings held by June 30, 2019.
- 7.1.4.3. Recruitment of young adults to attend the CONNECT trainings and continued engagement of young adults in prevention efforts.

7.1.5. Continuum of Care

- 7.1.5.1. Annual update of regional substance use services assets and gaps assessment.
- 7.1.5.2. Annual update of regional CoC development plan.
- 7.1.5.3. Achievement of at least three (3) high priorities/actions identified in each component of the regional CoC plan.



7.1.5.4. At least two (2) new programs initiated and/or in the development process by regional service providers as a result of facilitation by and/or significant involvement of the CoC Facilitator.

7.1.5.5. Report on the number of resource guides and other service access-related information items distributed throughout the region.

7.1.6. Young Adults Strategies

7.1.6.1. Based on a survey of individuals participating in targeted young adult strategies the following outcomes will be measured:

7.1.6.1.1. Participants will report a decrease in past 30 day alcohol use

7.1.6.1.2. Participants will report a decrease in past 30 day non-medical prescription drug use

7.1.6.1.3. Participants will report a decrease in past 30 day illicit drug use including illicit opioids

7.1.6.1.4. Participants will report a decrease in negative consequences from substance misuse

7.1.6.1.5. Participants will report an increase in coping mechanisms to stress

7.1.6.1.6. Participants will report an increase in knowledge of the impact of substance use on the developing brain

7.1.6.1.7. Participants will report an increase in the perception of risk of substance misuse

7.1.6.1.8. Participants will report an increase in knowing community and state resources as a source of support for substance misuse.

7.1.7. School Based Clinics

7.1.7.1. Annual increase in the percent of students receiving seasonal influenza vaccination in school-based clinics. (School-based clinic awardees only).

7.1.7.2. Increase percent of students who receive seasonal influenza vaccination and who are enrolled in Medicaid or report being uninsured. (School-based clinic awardees only).

7.1.7.3. Increase number of hours contributed by volunteers to implement the clinics. (School-based clinic awardees only).

7.1.8. Disaster Behavioral Health Response Team Liaison

7.1.8.1. Semiannual review of the number and type of trainings and response activities for improvement planning directed at CDC's Volunteer Management and Responder Health & Safety.

7.2. Annually, the Contractor shall develop and submit to the DHHS, a corrective action plan for any performance measure that was not achieved.



Exhibit B

Method and Conditions Precedent to Payment

- 1) The State shall pay the contractor an amount not to exceed the Form P-37, Block 1.8, Price Limitation for the services provided by the Contractor pursuant to Exhibit A, Scope of Services.
 - 1.1. This contract is funded with funds from the:
 - 1.1.1. Federal Funds from the US Centers for Disease Control and Prevention, Preventive Health Services, Catalog of Federal Domestic Assistance (CFDA #) 93.758, Federal Award Identification Number (FAIN) #B01OT009037
 - 1.1.2. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Emergency Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.069, Federal Award Identification Number (FAIN) #U90TP000535, and General Funds
 - 1.1.3. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, Substance Abuse Prevention and Treatment Block Grant, Catalog of Federal Domestic Assistance (CFDA #) 93.959, Federal Award Identification Number (FAIN) #TI010035, and General Funds
 - 1.1.4. Federal Funds from the US DHHS, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention, NH Partnership for Success Initiative, Catalog of Federal Domestic Assistance (CFDA #) 93.243, Federal Award Identification Number (FAIN) #SP020796
 - 1.1.5. Federal Funds from the US Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, Catalog of Federal Domestic Assistance (CFDA #) 93.268, Federal Award Identification Number (FAIN) #H23IP000757
 - 1.1.6. Federal Funds from the US Centers for Disease Control and Prevention, Public Health Hospital Preparedness Program, Catalog of Federal Domestic Assistance (CFDA #) 93.074 and 93.889, Federal Award Identification Number (FAIN) #U90TP000535.
 - 1.2. The Contractor agrees to provide the services in Exhibit A, Scope of Service in compliance with funding requirements. Failure to meet the scope of services may jeopardize the funded contractor's current and/or future funding.
- 2) Payment for said services shall be made monthly as follows:
 - 2.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line item.
 - 2.2. The Contractor will submit an invoice in a form satisfactory to the State by the twentieth working day of each month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The invoice must be completed, signed, dated and returned to the Department in order to initiate payment. The Contractor agrees to keep records of their activities related to Department programs and services.
 - 2.3. The State shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available. Contractors will keep detailed records of their activities related to DHHS-funded programs and services.

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Exhibit B

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- 2.4. The final invoice shall be due to the State no later than forty (40) days after the contract Form P-37, Block 1.7 Completion Date.
- 2.5. Invoice may be mailed, or in lieu of hard copies, all invoices may be assigned an electronic signature and emailed to:
- Department of Health and Human Services
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301
Email address: DPHSContractBilling@dhhs.nh.gov
- 2.6. Payments may be withheld pending receipt of required reports or documentation as identified in Exhibit A, Scope of Services and in this Exhibit B.
- 3) Notwithstanding paragraph 18 of the General Provisions P-37, changes limited to adjusting amounts between budget line items, related items, amendments of related budget exhibits within the price limitation, and to adjusting encumbrances between State Fiscal Years, may be made by written agreement of both parties and may be made without obtaining approval of the Governor and Executive Council.

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Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Expenses
1. Total Salary/Wages	\$ 19,734.00	\$ 2,466.75	\$ 22,200.75	
2. Employee Benefits	\$ 3,940.00	\$ 492.50	\$ 4,432.50	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,355.00	\$ 169.00	\$ 1,524.00	
6. Travel	\$ 400.00	\$ 50.00	\$ 450.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 640.00	\$ 80.00	\$ 720.00	
9. Software	\$ 598.00	\$ 74.75	\$ 672.75	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 26,667.00	\$ 3,333.00	\$ 30,000.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: NJ

Date: 5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: PHAC
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct (Incremental)	Indirect (Fixed)	Total	Allocation Method (If Applicable)
1. Total Salary/Wages	\$ 19,693.00	\$ 2,461.50	\$ 22,154.50	
2. Employee Benefits	\$ 3,932.00	\$ 491.50	\$ 4,423.50	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,418.00	\$ 177.00	\$ 1,595.00	
6. Travel	\$ 400.00	\$ 50.00	\$ 450.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 624.00	\$ 78.00	\$ 702.00	
9. Software	\$ 600.00	\$ 75.00	\$ 675.00	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 26,667.00	\$ 3,333.00	\$ 30,000.00	

Indirect As A Percent of Direct

12.5%

\$ -

Contractor Initials: _____

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Date: _____

5/8/12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Budget Request for: Regional Public Health Network Services - PHEP
(Name of RFP)

Budget Period: SFY 2018

Function	Direct Incremental	Indirect Fixed	Total	Allocation Method Indirect Fixed %
1. Total Salary/Wages	\$ 54,538.00	\$ 6,817.25	\$ 61,355.25	
2. Employee Benefits	\$ 10,908.00	\$ 1,363.00	\$ 12,271.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,432.00	\$ 179.00	\$ 1,611.00	
6. Travel	\$ 1,100.00	\$ 137.50	\$ 1,237.50	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,532.00	\$ 191.50	\$ 1,723.50	
9. Software	\$ 1,046.00	\$ 130.75	\$ 1,176.75	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ 125.00	\$ 1,125.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 71,556.00	\$ 8,944.00	\$ 80,500.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials:

Date:

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

**Regional Public Health Network Services -
Budget Request for: PHEP**
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 55,773.00	\$ 6,971.63	\$ 62,744.63
2. Employee Benefits	\$ 11,055.00	\$ 1,381.38	\$ 12,436.38
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,355.00	\$ 169.38	\$ 1,524.38
6. Travel	\$ 1,000.00	\$ 125.00	\$ 1,125.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,451.00	\$ 181.38	\$ 1,632.38
9. Software	\$ 922.00	\$ 115.25	\$ 1,037.25
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ -	\$ -	\$ -
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 71,556.00	\$ 8,944.00	\$ 80,500.00

Indirect As A Percent of Direct

12.5%

Contractor Initials: 77

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	\$ 51,215.00	\$ 6,401.88	\$ 57,616.88
2. Employee Benefits	\$ 10,243.00	\$ 1,280.38	\$ 11,523.38
3. Consultants	\$ -	\$ -	\$ -
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 1,911.00	\$ 238.88	\$ 2,149.88
6. Travel	\$ 1,200.00	\$ 150.00	\$ 1,350.00
7. Occupancy	\$ -	\$ -	\$ -
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,460.00	\$ 182.75	\$ 1,642.75
9. Software	\$ 1,105.00	\$ 138.13	\$ 1,243.13
10. Marketing/Communications	\$ -	\$ -	\$ -
11. Staff Education and Training	\$ 2,000.00	\$ 250.00	\$ 2,250.00
12. Subcontracts/Agreements	\$ -	\$ -	\$ -
13. Other (specific details mandatory):	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
TOTAL	\$ 69,134.00	\$ 8,642.00	\$ 77,776.00

Indirect As A Percent of Direct

12.5%

\$ -

Contractor Initials: 77

Date: 5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: SMP
(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Expenses
1. Total Salary/Wages	\$ 52,437.00	\$ 6,554.63	\$ 58,991.63	
2. Employee Benefits	\$ 10,487.00	\$ 1,310.88	\$ 11,797.88	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 945.00	\$ 118.13	\$ 1,063.13	
6. Travel	\$ 1,200.00	\$ 150.00	\$ 1,350.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,463.00	\$ 182.88	\$ 1,645.88	
9. Software	\$ 1,096.00	\$ 137.00	\$ 1,233.00	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,250.00	\$ 156.50	\$ 1,406.50	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 68,878.00	\$ 8,610.00	\$ 77,488.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials:

Date: 5/8/12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect Expenses
1. Total Salary/Wages	\$ 54,689.00	\$ 6,836.13	\$ 61,525.13	
2. Employee Benefits	\$ 10,938.00	\$ 1,367.25	\$ 12,305.25	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 896.00	\$ 112.00	\$ 1,008.00	
6. Travel	\$ 1,450.00	\$ 181.25	\$ 1,631.25	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,614.00	\$ 201.75	\$ 1,815.75	
9. Software	\$ 1,300.00	\$ 162.50	\$ 1,462.50	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ 125.13	\$ 1,125.13	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 71,887.00	\$ 8,986.00	\$ 80,873.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: n2

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -

Budget Request for: CoC

(Name of RFP)

Budget Period: SFY 2019

	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect/ Fixed Cost
1. Total Salary/Wages	\$ 55,141.00	\$ 6,892.63	\$ 62,033.63	
2. Employee Benefits	\$ 11,028.00	\$ 1,378.50	\$ 12,406.50	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 941.00	\$ 117.63	\$ 1,058.63	
6. Travel	\$ 1,400.00	\$ 175.00	\$ 1,575.00	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,548.00	\$ 193.50	\$ 1,741.50	
9. Software	\$ 1,085.00	\$ 135.63	\$ 1,220.63	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 1,000.00	\$ 125.12	\$ 1,125.12	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,143.00	\$ 9,018.00	\$ 81,161.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: 77

Date: 5/8/12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect (Fixed)	Total	Allocation Method for Indirect (if any)
1. Total Salary/Wages	\$ 5,618.00	\$ 702.25	\$ 6,320.25	
2. Employee Benefits	\$ 1,124.00	\$ 140.50	\$ 1,264.50	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 81.00	\$ 10.25	\$ 91.25	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 147.00	\$ 18.38	\$ 165.38	
9. Software	\$ 141.00	\$ 17.63	\$ 158.63	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ -	\$ 12,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 19,111.00	\$ 889.00	\$ 20,000.00	

Indirect As A Percent of Direct

4.7%

Contractor Initials: NJ

Date: 5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -

Budget Request for: YAL

(Name of RFP)

Budget Period: SFY 2019

Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect
1. Total Salary/Wages	\$ 5,658.00	\$ 707.25	\$ 6,365.25	
2. Employee Benefits	\$ 1,032.00	\$ 129.00	\$ 1,161.00	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 102.00	\$ 12.88	\$ 114.88	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 167.00	\$ 20.88	\$ 187.88	
9. Software	\$ 152.00	\$ 19.00	\$ 171.00	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 12,000.00	\$ -	\$ 12,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 19,111.00	\$ 889.00	\$ 20,000.00	

Indirect As A Percent of Direct

4.7%

Contractor Initials: MF

Date: 5/8/12

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: YAS
(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method Indirect/Fixed
1. Total Salary/Wages	\$ 52,131.00	\$ 6,516.38	\$ 58,647.38	
2. Employee Benefits	\$ 10,426.00	\$ 1,303.25	\$ 11,729.25	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 5,166.00	\$ 645.75	\$ 5,811.75	
6. Travel	\$ 3,500.00	\$ 437.50	\$ 3,937.50	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,690.00	\$ 211.25	\$ 1,901.25	
9. Software	\$ 1,587.00	\$ 198.38	\$ 1,785.38	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 5,500.00	\$ 687.50	\$ 6,187.50	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 72,200.00	\$ 11,191.00	\$ 90,000.00	

Indirect As A Percent of Direct

15.5%

Contractor Initials: 77

Date: 5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -

Budget Request for: YAS

(Name of RFP)

Budget Period: SFY 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method
1. Total Salary/Wages	\$ 56,452.00	\$ 7,056.50	\$ 63,508.50	
2. Employee Benefits	\$ 11,190.00	\$ 1,398.75	\$ 12,588.75	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 5,177.00	\$ 647.13	\$ 5,824.13	
6. Travel	\$ 1,750.00	\$ 218.75	\$ 1,968.75	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 1,790.00	\$ 223.75	\$ 2,013.75	
9. Software	\$ 1,641.00	\$ 205.13	\$ 1,846.13	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ 2,000.00	\$ 250.00	\$ 2,250.00	
12. Subcontracts/Agreements	\$ -	\$ -	\$ -	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 80,000.00	\$10,000.00	\$ 90,000.00	

Indirect As A Percent of Direct

12.5%

Contractor Initials: NJ

Date: 5/8/17

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2018

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method (Direct / Indirect / Fixed)
1. Total Salary/Wages	\$ 4,706.00	\$ 588.25	\$ 5,294.25	
2. Employee Benefits	\$ 941.00	\$ 117.63	\$ 1,058.63	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 385.00	\$ 48.13	\$ 433.13	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 153.00	\$ 19.00	\$ 172.00	
9. Software	\$ 144.00	\$ 18.00	\$ 162.00	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 2,000.00	\$ -	\$ 2,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 8,329.00	\$ 791.00	\$ 9,120.00	

Indirect As A Percent of Direct

9.5%

Contractor Initials: NJ

Date: 5/8/12

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -

Budget Request for: SBC

(Name of RFP)

Budget Period: SFY 2019

	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect
1. Total Salary/Wages	\$ 4,685.00	\$ 585.63	\$ 5,270.63	
2. Employee Benefits	\$ 954.00	\$ 119.25	\$ 1,073.25	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 384.00	\$ 48.00	\$ 432.00	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 148.00	\$ 18.50	\$ 166.50	
9. Software	\$ 158.00	\$ 19.62	\$ 177.62	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 2,000.00	\$ -	\$ 2,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 8,329.00	\$ 791.00	\$ 9,120.00	

Indirect As A Percent of Direct

9.5%

Contractor Initials:

Date:

Exhibit B-1 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: DBART
(Name of RFP)

Budget Period: SFY 2018

	Direct Incremental	Indirect Fixed	Total	
1. Total Salary/Wages	\$ 10,450.00	\$ 1,306.25	\$ 11,756.25	
2. Employee Benefits	\$ 2,090.00	\$ 261.25	\$ 2,351.25	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 188.00	\$ 23.88	\$ 211.88	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 287.00	\$ 35.88	\$ 322.88	
9. Software	\$ 318.00	\$ 39.75	\$ 357.75	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 70,000.00	\$ -	\$ 70,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 83,333.00	\$ 1,667.00	\$ 85,000.00	

Indirect As A Percent of Direct

2.0%

Contractor Initials: NJ

Date: 5/8/17

Exhibit B-2 Budget

New Hampshire Department of Health and Human Services

Bidder/Contractor Name: North Country Health Consortium

Regional Public Health Network Services -
Budget Request for: DBART
(Name of RFP)

Budget Period: SFY 2018 2019

Line Item	Direct Incremental	Indirect Fixed	Total	Allocation Method for Indirect
1. Total Salary/Wages	\$ 10,536.00	\$ 1,317.00	\$ 11,853.00	
2. Employee Benefits	\$ 2,107.00	\$ 263.38	\$ 2,370.38	
3. Consultants	\$ -	\$ -	\$ -	
4. Equipment: (includes Rentals, Repair & Maintenance, Purchase & Depreciation)	\$ -	\$ -	\$ -	
5. Supplies: (includes supplies for Education, Lab, Pharmacy, Medical, Office)	\$ 145.00	\$ 18.50	\$ 163.50	
6. Travel	\$ -	\$ -	\$ -	
7. Occupancy	\$ -	\$ -	\$ -	
8. Current Expenses (includes Telephone, Postage, Subscriptions, Audit & Legal, Insurance, Board Expenses)	\$ 262.00	\$ 32.75	\$ 294.75	
9. Software	\$ 283.00	\$ 35.38	\$ 318.38	
10. Marketing/Communications	\$ -	\$ -	\$ -	
11. Staff Education and Training	\$ -	\$ -	\$ -	
12. Subcontracts/Agreements	\$ 70,000.00	\$ -	\$ 70,000.00	
13. Other (specific details mandatory):	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	
TOTAL	\$ 83,333.00	\$ 1,667.00	\$ 85,000.00	

Indirect As A Percent of Direct

2.0%

Contractor Initials: 77

Date: 5/2/17



SPECIAL PROVISIONS

Contractors Obligations: The Contractor covenants and agrees that all funds received by the Contractor under the Contract shall be used only as payment to the Contractor for services provided to eligible individuals and, in the furtherance of the aforesaid covenants, the Contractor hereby covenants and agrees as follows:

1. **Compliance with Federal and State Laws:** If the Contractor is permitted to determine the eligibility of individuals such eligibility determination shall be made in accordance with applicable federal and state laws, regulations, orders, guidelines, policies and procedures.
2. **Time and Manner of Determination:** Eligibility determinations shall be made on forms provided by the Department for that purpose and shall be made and remade at such times as are prescribed by the Department.
3. **Documentation:** In addition to the determination forms required by the Department, the Contractor shall maintain a data file on each recipient of services hereunder, which file shall include all information necessary to support an eligibility determination and such other information as the Department requests. The Contractor shall furnish the Department with all forms and documentation regarding eligibility determinations that the Department may request or require.
4. **Fair Hearings:** The Contractor understands that all applicants for services hereunder, as well as individuals declared ineligible have a right to a fair hearing regarding that determination. The Contractor hereby covenants and agrees that all applicants for services shall be permitted to fill out an application form and that each applicant or re-applicant shall be informed of his/her right to a fair hearing in accordance with Department regulations.
5. **Gratuities or Kickbacks:** The Contractor agrees that it is a breach of this Contract to accept or make a payment, gratuity or offer of employment on behalf of the Contractor, any Sub-Contractor or the State in order to influence the performance of the Scope of Work detailed in Exhibit A of this Contract. The State may terminate this Contract and any sub-contract or sub-agreement if it is determined that payments, gratuities or offers of employment of any kind were offered or received by any officials, officers, employees or agents of the Contractor or Sub-Contractor.
6. **Retroactive Payments:** Notwithstanding anything to the contrary contained in the Contract or in any other document, contract or understanding, it is expressly understood and agreed by the parties hereto, that no payments will be made hereunder to reimburse the Contractor for costs incurred for any purpose or for any services provided to any individual prior to the Effective Date of the Contract and no payments shall be made for expenses incurred by the Contractor for any services provided prior to the date on which the individual applies for services or (except as otherwise provided by the federal regulations) prior to a determination that the individual is eligible for such services.
7. **Conditions of Purchase:** Notwithstanding anything to the contrary contained in the Contract, nothing herein contained shall be deemed to obligate or require the Department to purchase services hereunder at a rate which reimburses the Contractor in excess of the Contractors costs, at a rate which exceeds the amounts reasonable and necessary to assure the quality of such service, or at a rate which exceeds the rate charged by the Contractor to ineligible individuals or other third party funders for such service. If at any time during the term of this Contract or after receipt of the Final Expenditure Report hereunder, the Department shall determine that the Contractor has used payments hereunder to reimburse items of expense other than such costs, or has received payment in excess of such costs or in excess of such rates charged by the Contractor to ineligible individuals or other third party funders, the Department may elect to:
 - 7.1. Renegotiate the rates for payment hereunder, in which event new rates shall be established;
 - 7.2. Deduct from any future payment to the Contractor the amount of any prior reimbursement in excess of costs;

MA

5/2/17



- 7.3. Demand repayment of the excess payment by the Contractor in which event failure to make such repayment shall constitute an Event of Default hereunder. When the Contractor is permitted to determine the eligibility of individuals for services, the Contractor agrees to reimburse the Department for all funds paid by the Department to the Contractor for services provided to any individual who is found by the Department to be ineligible for such services at any time during the period of retention of records established herein.

RECORDS: MAINTENANCE, RETENTION, AUDIT, DISCLOSURE AND CONFIDENTIALITY:

8. **Maintenance of Records:** In addition to the eligibility records specified above, the Contractor covenants and agrees to maintain the following records during the Contract Period:
- 8.1. **Fiscal Records:** books, records, documents and other data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor during the Contract Period, said records to be maintained in accordance with accounting procedures and practices which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 8.2. **Statistical Records:** Statistical, enrollment, attendance or visit records for each recipient of services during the Contract Period, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.
- 8.3. **Medical Records:** Where appropriate and as prescribed by the Department regulations, the Contractor shall retain medical records on each patient/recipient of services.
9. **Audit:** Contractor shall submit an annual audit to the Department within 60 days after the close of the agency fiscal year. It is recommended that the report be prepared in accordance with the provision of Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non Profit Organizations" and the provisions of Standards for Audit of Governmental Organizations, Programs, Activities and Functions, issued by the US General Accounting Office (GAO standards) as they pertain to financial compliance audits.
- 9.1. **Audit and Review:** During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts.
- 9.2. **Audit Liabilities:** In addition to and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department, all payments made under the Contract to which exception has been taken or which have been disallowed because of such an exception.
10. **Confidentiality of Records:** All information, reports, and records maintained hereunder or collected in connection with the performance of the services and the Contract shall be confidential and shall not be disclosed by the Contractor, provided however, that pursuant to state laws and the regulations of the Department regarding the use and disclosure of such information, disclosure may be made to public officials requiring such information in connection with their official duties and for purposes directly connected to the administration of the services and the Contract; and provided further, that the use or disclosure by any party of any information concerning a recipient for any purpose not directly connected with the administration of the Department or the Contractor's responsibilities with respect to purchased services hereunder is prohibited except on written consent of the recipient, his attorney or guardian.



Notwithstanding anything to the contrary contained herein the covenants and conditions contained in the Paragraph shall survive the termination of the Contract for any reason whatsoever.

11. **Reports: Fiscal and Statistical:** The Contractor agrees to submit the following reports at the following times if requested by the Department.
 - 11.1. **Interim Financial Reports:** Written interim financial reports containing a detailed description of all costs and non-allowable expenses incurred by the Contractor to the date of the report and containing such other information as shall be deemed satisfactory by the Department to justify the rate of payment hereunder. Such Financial Reports shall be submitted on the form designated by the Department or deemed satisfactory by the Department.
 - 11.2. **Final Report:** A final report shall be submitted within thirty (30) days after the end of the term of this Contract. The Final Report shall be in a form satisfactory to the Department and shall contain a summary statement of progress toward goals and objectives stated in the Proposal and other information required by the Department.

12. **Completion of Services: Disallowance of Costs:** Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

13. **Credits:** All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement:
 - 13.1. The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

14. **Prior Approval and Copyright Ownership:** All materials (written, video, audio) produced or purchased under the contract shall have prior approval from DHHS before printing, production, distribution or use. The DHHS will retain copyright ownership for any and all original materials produced, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports. Contractor shall not reproduce any materials produced under the contract without prior written approval from DHHS.

15. **Operation of Facilities: Compliance with Laws and Regulations:** In the operation of any facilities for providing services, the Contractor shall comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which shall impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit shall be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Contract the facilities shall comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and shall be in conformance with local building and zoning codes, by-laws and regulations.

16. **Equal Employment Opportunity Plan (EEO):** The Contractor will provide an Equal Employment Opportunity Plan (EEO) to the Office for Civil Rights, Office of Justice Programs (OCR), if it has received a single award of \$500,000 or more. If the recipient receives \$25,000 or more and has 50 or

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more employees, it will maintain a current EEO on file and submit an EEO Certification Form to the OCR, certifying that its EEO is on file. For recipients receiving less than \$25,000, or public grantees with fewer than 50 employees, regardless of the amount of the award, the recipient will provide an EEO Certification Form to the OCR certifying it is not required to submit or maintain an EEO. Non-profit organizations, Indian Tribes, and medical and educational institutions are exempt from the EEO requirement, but are required to submit a certification form to the OCR to claim the exemption. EEO Certification Forms are available at: <http://www.ojp.usdoj/about/ocr/pdfs/cert.pdf>.

17. **Limited English Proficiency (LEP):** As clarified by Executive Order 13166, Improving Access to Services for persons with Limited English Proficiency, and resulting agency guidance, national origin discrimination includes discrimination on the basis of limited English proficiency (LEP). To ensure compliance with the Omnibus Crime Control and Safe Streets Act of 1968 and Title VI of the Civil Rights Act of 1964, Contractors must take reasonable steps to ensure that LEP persons have meaningful access to its programs.

18. **Pilot Program for Enhancement of Contractor Employee Whistleblower Protections:** The following shall apply to all contracts that exceed the Simplified Acquisition Threshold as defined in 48 CFR 2.101 (currently, \$150,000)

CONTRACTOR EMPLOYEE WHISTLEBLOWER RIGHTS AND REQUIREMENT TO INFORM EMPLOYEES OF WHISTLEBLOWER RIGHTS (SEP 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

19. **Subcontractors:** DHHS recognizes that the Contractor may choose to use subcontractors with greater expertise to perform certain health care services or functions for efficiency or convenience, but the Contractor shall retain the responsibility and accountability for the function(s). Prior to subcontracting, the Contractor shall evaluate the subcontractor's ability to perform the delegated function(s). This is accomplished through a written agreement that specifies activities and reporting responsibilities of the subcontractor and provides for revoking the delegation or imposing sanctions if the subcontractor's performance is not adequate. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions.

When the Contractor delegates a function to a subcontractor, the Contractor shall do the following:

- 19.1. Evaluate the prospective subcontractor's ability to perform the activities, before delegating the function
- 19.2. Have a written agreement with the subcontractor that specifies activities and reporting responsibilities and how sanctions/revocation will be managed if the subcontractor's performance is not adequate
- 19.3. Monitor the subcontractor's performance on an ongoing basis



- 19.4. Provide to DHHS an annual schedule identifying all subcontractors, delegated functions and responsibilities, and when the subcontractor's performance will be reviewed
- 19.5. DHHS shall, at its discretion, review and approve all subcontracts.

If the Contractor identifies deficiencies or areas for improvement are identified, the Contractor shall take corrective action.

DEFINITIONS

As used in the Contract, the following terms shall have the following meanings:

COSTS: Shall mean those direct and indirect items of expense determined by the Department to be allowable and reimbursable in accordance with cost and accounting principles established in accordance with state and federal laws, regulations, rules and orders.

DEPARTMENT: NH Department of Health and Human Services.

FINANCIAL MANAGEMENT GUIDELINES: Shall mean that section of the Contractor Manual which is entitled "Financial Management Guidelines" and which contains the regulations governing the financial activities of contractor agencies which have contracted with the State of NH to receive funds.

PROPOSAL: If applicable, shall mean the document submitted by the Contractor on a form or forms required by the Department and containing a description of the Services to be provided to eligible individuals by the Contractor in accordance with the terms and conditions of the Contract and setting forth the total cost and sources of revenue for each service to be provided under the Contract.

UNIT: For each service that the Contractor is to provide to eligible individuals hereunder, shall mean that period of time or that specified activity determined by the Department and specified in Exhibit B of the Contract.

FEDERAL/STATE LAW: Wherever federal or state laws, regulations, rules, orders, and policies, etc. are referred to in the Contract, the said reference shall be deemed to mean all such laws, regulations, etc. as they may be amended or revised from the time to time.

CONTRACTOR MANUAL: Shall mean that document prepared by the NH Department of Administrative Services containing a compilation of all regulations promulgated pursuant to the New Hampshire Administrative Procedures Act. NH RSA Ch 541-A, for the purpose of implementing State of NH and federal regulations promulgated thereunder.

SUPPLANTING OTHER FEDERAL FUNDS: The Contractor guarantees that funds provided under this Contract will not supplant any existing federal funds available for these services.

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Exhibit C-1

REVISIONS TO GENERAL PROVISIONS

1. Subparagraph 4 of the General Provisions of this contract, Conditional Nature of Agreement, is replaced as follows:
 4. **CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including without limitation, the continuance of payments, in whole or in part, under this Agreement are contingent upon continued appropriation or availability of funds, including any subsequent changes to the appropriation or availability of funds affected by any state or federal legislative or executive action that reduces, eliminates, or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope of Services provided in Exhibit A, Scope of Services, in whole or in part. In no event shall the State be liable for any payments hereunder in excess of appropriated or available funds. In the event of a reduction, termination or modification of appropriated or available funds, the State shall have the right to withhold payment until such funds become available, if ever. The State shall have the right to reduce, terminate or modify services under this Agreement immediately upon giving the Contractor notice of such reduction, termination or modification. The State shall not be required to transfer funds from any other source or account into the Account(s) identified in block 1.6 of the General Provisions, Account Number, or any other account, in the event funds are reduced or unavailable.

2. Subparagraph 10 of the General Provisions of this contract, Termination, is amended by adding the following language:
 - 10.1 The State may terminate the Agreement at any time for any reason, at the sole discretion of the State, 30 days after giving the Contractor written notice that the State is exercising its option to terminate the Agreement.
 - 10.2 In the event of early termination, the Contractor shall, within 15 days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement, including but not limited to, identifying the present and future needs of clients receiving services under the Agreement and establishes a process to meet those needs.
 - 10.3 The Contractor shall fully cooperate with the State and shall promptly provide detailed information to support the Transition Plan including, but not limited to, any information or data requested by the State related to the termination of the Agreement and Transition Plan and shall provide ongoing communication and revisions of the Transition Plan to the State as requested.
 - 10.4 In the event that services under the Agreement, including but not limited to clients receiving services under the Agreement are transitioned to having services delivered by another entity including contracted providers or the State, the Contractor shall provide a process for uninterrupted delivery of services in the Transition Plan.
 - 10.5 The Contractor shall establish a method of notifying clients and other affected individuals about the transition. The Contractor shall include the proposed communications in its Transition Plan submitted to the State as described above.

3. **Extension:**

The Department reserves the right to renew the Contract for up to two (2) additional years, subject to the continued availability of funds, satisfactory performance of services and approval by the Governor and Executive Council.

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CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

**US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS**

This certification is required by the regulations implementing Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.). The January 31, 1989 regulations were amended and published as Part II of the May 25, 1990 Federal Register (pages 21681-21691), and require certification by grantees (and by inference, sub-grantees and sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a grantee (and by inference, sub-grantees and sub-contractors) that is a State may elect to make one certification to the Department in each federal fiscal year in lieu of certificates for each grant during the federal fiscal year covered by the certification. The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment. Contractors using this form should send it to:

Commissioner
NH Department of Health and Human Services
129 Pleasant Street,
Concord, NH 03301-6505

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The grantee's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency

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New Hampshire Department of Health and Human Services
Exhibit D



- has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

Contractor Name:

5/2/17
Date

[Signature]
Name: Waney Frank
Title: CEO



CERTIFICATION REGARDING LOBBYING

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI
- *Child Care Development Block Grant under Title IV

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Contractor Name:

5/8/12
Date


Name: Danny Frank
Title: CEO



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS**

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Executive Office of the President, Executive Order 12549 and 45 CFR Part 76 regarding Debarment, Suspension, and Other Responsibility Matters, and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.
6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and



information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

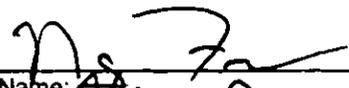
11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
 - 11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - 11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (11)(b) of this certification; and
 - 11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
 - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
 - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).
14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

5/8/17
Date


Name: Amy Frank
Title: CEO



**CERTIFICATION OF COMPLIANCE WITH REQUIREMENTS PERTAINING TO
FEDERAL NONDISCRIMINATION, EQUAL TREATMENT OF FAITH-BASED ORGANIZATIONS AND
WHISTLEBLOWER PROTECTIONS**

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

Contractor will comply, and will require any subgrantees or subcontractors to comply, with any applicable federal nondiscrimination requirements, which may include:

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;
- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;
- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);
- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;
- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;
- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;
- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;
- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;
- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Exhibit G

Contractor Initials

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Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

1/8/17

New Hampshire Department of Health and Human Services
Exhibit G



In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this proposal (contract) the Contractor agrees to comply with the provisions indicated above.

Contractor Name:

5/2/17
Date

Nancy Frank
Name
Title: CREU

Exhibit G

Certification of Compliance with requirements pertaining to Federal Nondiscrimination, Equal Treatment of Faith-Based Organizations and Whistleblower protections

Contractor Initials NF

Date 5/2/17



CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor identified in Section 1.3 of the General Provisions agrees, by signature of the Contractor's representative as identified in Section 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this contract, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Contractor Name:

5/8/17
Date


Name: Anthony Frank
Title: CEO



Exhibit I

HEALTH INSURANCE PORTABILITY ACT
BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 applicable to business associates. As defined herein, "Business Associate" shall mean the Contractor and subcontractors and agents of the Contractor that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

(1) **Definitions.**

- a. "**Breach**" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
- b. "**Business Associate**" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- c. "**Covered Entity**" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.
- d. "**Designated Record Set**" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.
- e. "**Data Aggregation**" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.
- f. "**Health Care Operations**" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.
- g. "**HITECH Act**" means the Health Information Technology for Economic and Clinical Health Act, Title XIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.
- h. "**HIPAA**" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.
- i. "**Individual**" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).
- j. "**Privacy Rule**" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
- k. "**Protected Health Information**" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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Exhibit I

- l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.
- m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.
- n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.
- o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.
- p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

(2) Business Associate Use and Disclosure of Protected Health Information.

- a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.
- b. Business Associate may use or disclose PHI:
 - I. For the proper management and administration of the Business Associate;
 - II. As required by law, pursuant to the terms set forth in paragraph d. below; or
 - III. For data aggregation purposes for the health care operations of Covered Entity.
- c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.
- d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

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Associate shall refrain from disclosing the PHI until Covered Entity has exhausted all remedies.

- e. If the Covered Entity notifies the Business Associate that Covered Entity has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Business Associate shall be bound by such additional restrictions and shall not disclose PHI in violation of such additional restrictions and shall abide by any additional security safeguards.

(3) Obligations and Activities of Business Associate.

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.
- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:
 - o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
 - o The unauthorized person used the protected health information or to whom the disclosure was made;
 - o Whether the protected health information was actually acquired or viewed
 - o The extent to which the risk to the protected health information has been mitigated.

The Business Associate shall complete the risk assessment within 48 hours of the breach and immediately report the findings of the risk assessment in writing to the Covered Entity.

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.
- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.
- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (l). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI

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Exhibit I

pursuant to this Agreement, with rights of enforcement and indemnification from such business associates who shall be governed by standard Paragraph #13 of the standard contract provisions (P-37) of this Agreement for the purpose of use and disclosure of protected health information.

- f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.
- g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
- h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
- i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
- j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
- k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

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Exhibit I

Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

In addition to Paragraph 10 of the standard terms and conditions (P-37) of this Agreement the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a breach by Business Associate of the Business Associate Agreement set forth herein as Exhibit I. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity. If Covered Entity determines that neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(6) Miscellaneous

- a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.
- b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.
- c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
- d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.



Exhibit I

- e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.
- f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

IN WITNESS WHEREOF, the parties hereto have duly executed this Exhibit I.

Department of Health and Human Services

The State

Lisa Morris

Signature of Authorized Representative

Lisa Morris, MSSW

Name of Authorized Representative

Director

Title of Authorized Representative

5/23/17

Date

North Country Health Consortium

Name of the Contractor

Nancy Frank

Signature of Authorized Representative

Nancy Frank

Name of Authorized Representative

CEO

Title of Authorized Representative

5/23/17

Date



**CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY
ACT (FFATA) COMPLIANCE**

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$25,000 or more. If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique identifier of the entity (DUNS #)
10. Total compensation and names of the top five executives if:
 - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
 - 10.2. Compensation information is not already available through reporting to the SEC.

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name:

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Date

[Signature]
Name: Joey Frank
Title: CEO



FORM A

As the Contractor identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

1. The DUNS number for your entity is: 01771-1198
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

NO YES

If the answer to #2 above is NO, stop here

If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO YES

If the answer to #3 above is YES, stop here

If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

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