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**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH**

Lori A. Shilbinette
Commissioner

Katja S. Fox
Director

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June 9, 2020

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

REQUESTED ACTION

- 1) Authorize the Department of Health and Human Services, Division for Behavioral Health, to amend existing agreements with the vendors listed below to continue providing peer support services to adults with mental illness by exercising renewal options by increasing the total price limitation by \$5,368,958 from \$10,940,316 to \$16,309,274 and by extending the completion dates from June 30, 2020 to June 30, 2022, effective upon Governor and Council approval. 55.1% Federal Funds, 44.9% General Funds.

- 2) Further authorize a total advance payment of \$221,627, for the vendors listed below in accordance with the terms of the contracts, effective upon Governor and Council approval. 55.1% Federal Funds and 44.9% General Funds.

The agreements were approved by Governor and Council as indicated in the table below.

Vendor Name	Vendor Number	Location	Contract Amount	Increase/ (Decrease)	Modified Contract Amount	G&C Approval
Connections Peer Support Center	#15707 0-B001	Portsmouth	\$977,544	\$492,406	\$1,469,950	O:06/29/16 #23 A1: 06/20/18#33B A2: 06/19/19 #28
H.E.A.R.T.S Peer Support Center Region IV	#20928 7-B001	Nashua	\$1,533,325	\$780,432	\$2,313,757	O:06/29/16 #23 A1: 06/20/18#33B A2: 06/19/19 #28
Lakes Region Consumer Advisory Board	#15706 0-B001	Laconia	\$1,355,548	\$681,072	\$2,036,620	O:06/29/16 #23 A1: 06/20/18#33B A2: 06/19/19 #28
Monadnock Area Peer Support Agency	#15797 3-B001	Keene	\$1,067,447	\$556,460	\$1,623,907	O:06/29/16 #23 A1: 06/20/18#33B A2: 06/19/19 #28

On the Road to Recovery, Inc.	#15883 9-B001	Manchester	\$1,739,123	\$827,348	\$2,566,471	O:06/29/16 #23 A1: 06/20/18#33B A2: 06/19/19 #28
The Alternative Life Center	#16808 1-B001	Conway	\$2,000,576	\$862,946	\$2,863,522	O:06/29/16 #23 A1: 06/21/17 #38 A2: 06/20/2018 #33B A3: 06/19/19 #28
The Stepping Stone Drop-In Center Association	#15769 7-B001	Claremont	\$1,520,154	\$776,488	\$2,296,642	O:06/29/16 #23 A1: 06/20/18 #33B A2: 06/19/2018 #28
Tri-City Consumers' Action Co-operative	#15779 7-B001	Rochester	\$746,599	\$391,806	\$1,138,405	O:06/29/16 #23 A1: 06/20/18#33B A2: 06/19/19 #28
Totals			\$10,940,316	\$5,368,958	\$16,309,274	

Funds are available in the following accounts for State Fiscal Year 2021 and anticipated to be available for State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust amounts within the price limitation and adjust encumbrances between State Fiscal Years through the Budget Office if needed and justified.

05-95-92-920010-7143 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MENTAL HEALTH BLOCK GRANT

05-95-92-920010-7011 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, PEER SUPPORT SERVICES

05-95-92-922010-4118 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, PEER SUPPORT SERVICES

05-95-92-922010-4120 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH BLOCK GRANT

05-95-91-910010-5710 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: GLENCLIFF HOME FOR ELDER, GLENCLIFF HOME, PROFESSIONAL CARE

See Attached Fiscal Details

EXPLANATION

The purpose of this request is to continue providing peer support services for adults who are eighteen (18) years of age and older who self-identify as a recipient, a former recipient, or are at significant risk of becoming a recipient of mental health services.

Approximately 2,200 individuals will be served from July 1, 2020 through June 30, 2022.

The original agreement, included language in Exhibit C-1, Revisions to General Provision, Section 3 that allows the Department to renew the contract for up to four (4) years, subject to the continued availability of funding, satisfactory performance of service, parties' written authorization and approval from the Governor and Executive Council. The Department is in agreement with renewing services for two (2) of the remaining two (2) years at this time.

The contractors provide services that enhance personal wellness, independence, and recovery by increasing personal awareness, and symptom management of mental illness. Peer support services include supportive interactions and shared experiences using an Intentional Peer Support model that fosters recovery from mental illness and self-advocacy skills through personal connection and building relationships. The contractors provided peer services to 2,161 adults with mental illness in State Fiscal Year 2019 as evidenced by quarterly data reports. The Department conducted on-site reviews in State Fiscal Year 2019 of all contractors. As evidenced in the reviews, programming was delivered using principles and practice of Intentional Peer Support and related peer disciplines.

All contractors met expectations as outlined in NH Administrative Rule He-M 402 and developed quality improvement plans with the Department to address areas needing improvement. The contractors have taken advantage of available technical assistance and trainings to maintain well-rounded, professional, and sustainable peer-run programs.

Peer support agencies provide individuals with a comprehensive array of in-house and community based discussion groups, practice groups, educational events, social outings, community outreach, and community support. Peer support agencies provide Intentional Peer Support services through face-to face meetings and telephone calls. Telephone-based peer support services, known as Warmline Services, are available statewide to assist individuals who may experience mental health crises outside of regular business hours.

Three (3) of the agencies, H.E.A.R.T.S. Peer Support Agency, Monadnock Area Peer Support, and The Stepping Stone Drop-In Center Association, also provide respite beds for individuals who have a mental illness, are experiencing or at risk of a mental health crisis, and need a therapeutic respite from their current living situation. Respite beds provide twenty-four (24) hour seven (7) days a week access to peer support services and are available for up to a maximum of seven (7) days. Peer Support Agencies and peer respite services are also in accordance with the recommendations 10 Year Mental Health Plan and Community Mental Health Agreement.

Each contractor's effectiveness to deliver services will be measured through programmatic audits, reviews, and ongoing financial audits relative to areas that include, but are not limited to:

- Monthly financial ratios, expenses, and status;
- Outreach activities;
- Educational events;
- Program evaluations and surveys;
- Service deliverable expectations;
- Numbers served on daily basis, number of current members, and program utilization totals;
- Ongoing steps to increase membership; and
- Number of services provided beyond the immediate crisis stabilization, including referrals.

Should the Governor and Council not authorize this request, individuals with mental health conditions, statewide, may not have access to the valuable support they rely on to manage the symptoms of their mental illness. Should these peer support services become unavailable, some individuals may require a higher level of service, including hospitalization, which is significantly more costly than peer support services.

Area served: Statewide

Source of Funds: 55.1% Federal Funds, CFDA #93.958 / FAIN SM010035-19 and 44.9% 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,



Lori A. Shibinette
Commissioner

Financial Detail

05-95-92-920010-7143 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MENTAL HEALTH BLOCK GRANT

100% Federal Funds

Activity Code: 92207143

The Alternative Life Center					
Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svcs	102-500731	\$ 290,154.00	\$ -	\$ 290,154.00
2018	Contracts for Prog Svcs	102-500731	\$ 290,154.00	\$ -	\$ 290,154.00
2019	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 580,308.00	\$ -	\$ 580,308.00

The Stepping Stone Drop-In Center Association					
Vendor # 157967					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svcs	102-500731	\$ 209,790.00	\$ -	\$ 209,790.00
2018	Contracts for Prog Svcs	102-500731	\$ 209,790.00	\$ -	\$ 209,790.00
2019	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 419,580.00	\$ -	\$ 419,580.00

Lakes Region Consumer Advisory Board					
Vendor # 157060					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svcs	102-500731	\$ 188,183.00	\$ -	\$ 188,183.00
2018	Contracts for Prog Svcs	102-500731	\$ 188,183.00	\$ -	\$ 188,183.00
2019	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 376,366.00	\$ -	\$ 376,366.00

Monadnock Area Peer Support Agency					
Vendor # 157973					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svcs	102-500731	\$ 146,449.00	\$ -	\$ 146,449.00
2018	Contracts for Prog Svcs	102-500731	\$ 146,449.00	\$ -	\$ 146,449.00
2019	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 292,898.00	\$ -	\$ 292,898.00

H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI					
Vendor # 209287					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svcs	102-500731	\$ 211,860.00	\$ -	\$ 211,860.00
2018	Contracts for Prog Svcs	102-500731	\$ 211,860.00	\$ -	\$ 211,860.00
2019	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 423,720.00	\$ -	\$ 423,720.00

Financial Detail

On the Road to Recovery, Inc.					
Vendor # 158839					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 245,562.00	\$ -	\$ 245,562.00
2018	Contracts for Prog Svs	102-500731	\$ 245,562.00	\$ -	\$ 245,562.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 491,124.00	\$ -	\$ 491,124.00

Connections Peer Support Center					
Vendor # 157070					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 135,751.00	\$ -	\$ 135,751.00
2018	Contracts for Prog Svs	102-500731	\$ 135,751.00	\$ -	\$ 135,751.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 271,502.00	\$ -	\$ 271,502.00

Tri-City Consumers' Action Co-operative					
Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 102,362.00	\$ -	\$ 102,362.00
2018	Contracts for Prog Svs	102-500731	\$ 102,362.00	\$ -	\$ 102,362.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 204,724.00	\$ -	\$ 204,724.00

SUB TOTAL			\$ 3,060,222.00	\$ -	\$ 3,060,222.00
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05-95-92-920010-7011 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, PEER SUPPORT SERVICES					
100% General Funds					
Activity Code: 92207011					
The Alternative Life Center					
Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 233,122.00	\$ -	\$ 233,122.00
2018	Contracts for Prog Svs	102-500731	\$ 233,122.00	\$ -	\$ 233,122.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 466,244.00	\$ -	\$ 466,244.00

The Stepping Stone Drop-In Center Association					
Vendor # 157967					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 168,555.00	\$ -	\$ 168,555.00
2018	Contracts for Prog Svs	102-500731	\$ 168,555.00	\$ -	\$ 168,555.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 337,110.00	\$ -	\$ 337,110.00

Financial Detail

Lakes Region Consumer Advisory Board					
Vendor # 157060					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 151,196.00	\$ -	\$ 151,196.00
2018	Contracts for Prog Svs	102-500731	\$ 151,196.00	\$ -	\$ 151,196.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 302,392.00	\$ -	\$ 302,392.00

Monadnock Area Peer Support Agency					
Vendor # 157973					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 117,665.00	\$ -	\$ 117,665.00
2018	Contracts for Prog Svs	102-500731	\$ 117,665.00	\$ -	\$ 117,665.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 235,330.00	\$ -	\$ 235,330.00

H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI					
Vendor # 209287					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 170,218.00	\$ -	\$ 170,218.00
2018	Contracts for Prog Svs	102-500731	\$ 170,218.00	\$ -	\$ 170,218.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 340,436.00	\$ -	\$ 340,436.00

On the Road to Recovery, Inc.					
Vendor # 158839					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 197,296.00	\$ -	\$ 197,296.00
2018	Contracts for Prog Svs	102-500731	\$ 197,296.00	\$ -	\$ 197,296.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 394,592.00	\$ -	\$ 394,592.00

Connections Peer Support Center					
Vendor # 157070					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 109,071.00	\$ -	\$ 109,071.00
2018	Contracts for Prog Svs	102-500731	\$ 109,071.00	\$ -	\$ 109,071.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2021	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 218,142.00	\$ -	\$ 218,142.00

Tri-City Consumers' Action Co-operative					
Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 82,245.00	\$ -	\$ 82,245.00
2018	Contracts for Prog Svs	102-500731	\$ 82,245.00	\$ -	\$ 82,245.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -

Financial Detail

2021	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2022	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 164,490.00	\$ -	\$ 164,490.00

SUB TOTAL			\$ 2,458,736.00	\$ -	\$ 2,458,736.00
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05-95-92-922010-4118 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, PEER SUPPORT SERVICES					
100% General Funds					
Activity Code: 92204118					
The Alternative Life Center					
Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svcs	102-500731	\$ 233,122.00	\$ -	\$ 233,122.00
2020	Contracts for Prog Svcs	102-500731	\$ 190,832.00	\$ 6,250.00	\$ 197,082.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ 190,832.00	\$ 190,832.00
2022	Contracts for Prog Svcs	102-500731	\$ -	\$ 190,832.00	\$ 190,832.00
Subtotal			\$ 423,954.00	\$ 387,914.00	\$ 811,868.00

The Stepping Stone Drop-In Center Association					
Vendor # 157967					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svcs	102-500731	\$ 168,555.00	\$ -	\$ 168,555.00
2020	Contracts for Prog Svcs	102-500731	\$ 171,573.00	\$ 6,250.00	\$ 177,823.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ 171,573.00	\$ 171,573.00
2022	Contracts for Prog Svcs	102-500731	\$ -	\$ 171,573.00	\$ 171,573.00
Subtotal			\$ 340,128.00	\$ 349,396.00	\$ 689,524.00

Lakes Region Consumer Advisory Board					
Vendor # 157060					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svcs	102-500731	\$ 151,196.00	\$ -	\$ 151,196.00
2020	Contracts for Prog Svcs	102-500731	\$ 150,319.00	\$ 6,250.00	\$ 156,569.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ 150,319.00	\$ 150,319.00
2022	Contracts for Prog Svcs	102-500731	\$ -	\$ 150,319.00	\$ 150,319.00
Subtotal			\$ 301,515.00	\$ 306,888.00	\$ 608,403.00

Monadnock Area Peer Support Agency					
Vendor # 157973					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svcs	102-500731	\$ 117,665.00	\$ -	\$ 117,665.00
2020	Contracts for Prog Svcs	102-500731	\$ 122,561.00	\$ 6,250.00	\$ 128,811.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ 122,561.00	\$ 122,561.00
2022	Contracts for Prog Svcs	102-500731	\$ -	\$ 122,561.00	\$ 122,561.00
Subtotal			\$ 240,226.00	\$ 251,372.00	\$ 491,598.00

H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI					
Vendor # 209287					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svcs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svcs	102-500731	\$ 170,218.00	\$ -	\$ 170,218.00
2020	Contracts for Prog Svcs	102-500731	\$ 194,727.00	\$ 6,250.00	\$ 200,977.00
2021	Contracts for Prog Svcs	102-500731	\$ -	\$ 194,727.00	\$ 194,727.00
2022	Contracts for Prog Svcs	102-500731	\$ -	\$ 194,727.00	\$ 194,727.00

Financial Detail

Subtotal			\$ 364,945.00	\$ 395,704.00	\$ 760,649.00
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On the Road to Recovery, Inc.

Vendor # 158839					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 197,296.00	\$ -	\$ 197,296.00
2020	Contracts for Prog Svs	102-500731	\$ 182,903.00	\$ 6,250.00	\$ 189,153.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ 182,903.00	\$ 182,903.00
2022	Contracts for Prog Svs	102-500731	\$ -	\$ 182,903.00	\$ 182,903.00
Subtotal			\$ 380,199.00	\$ 372,056.00	\$ 752,255.00

Connections Peer Support Center

Vendor # 157070					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 109,071.00	\$ -	\$ 109,071.00
2020	Contracts for Prog Svs	102-500731	\$ 108,294.00	\$ 6,250.00	\$ 114,544.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ 108,294.00	\$ 108,294.00
2022	Contracts for Prog Svs	102-500731	\$ -	\$ 108,294.00	\$ 108,294.00
Subtotal			\$ 217,365.00	\$ 222,838.00	\$ 440,203.00

Tri-City Consumers' Action Co-operative

Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 82,245.00	\$ -	\$ 82,245.00
2020	Contracts for Prog Svs	102-500731	\$ 58,159.00	\$ 6,250.00	\$ 64,409.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ 58,159.00	\$ 58,159.00
2022	Contracts for Prog Svs	102-500731	\$ -	\$ 58,159.00	\$ 58,159.00
Subtotal			\$ 140,404.00	\$ 122,568.00	\$ 262,972.00

SUB TOTAL

\$ 2,408,736.00	\$ 2,408,736.00	\$ 4,817,472.00
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05-95-92-922010-4120 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH BLOCK GRANT

100% Federal Funds

Activity Code: 92204120

The Alternative Life Center

Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 290,154.00	\$ -	\$ 290,154.00
2020	Contracts for Prog Svs	102-500731	\$ 237,516.00	\$ -	\$ 237,516.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ 237,516.00	\$ 237,516.00
2022	Contracts for Prog Svs	102-500731	\$ -	\$ 237,516.00	\$ 237,516.00
Subtotal			\$ 527,670.00	\$ 475,032.00	\$ 1,002,702.00

The Stepping Stone Drop-In Center Association

Vendor # 157967					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 209,790.00	\$ -	\$ 209,790.00
2020	Contracts for Prog Svs	102-500731	\$ 213,546.00	\$ -	\$ 213,546.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ 213,546.00	\$ 213,546.00
2022	Contracts for Prog Svs	102-500731	\$ -	\$ 213,546.00	\$ 213,546.00
Subtotal			\$ 423,336.00	\$ 427,092.00	\$ 850,428.00

Financial Detail

Lakes Region Consumer Advisory Board					
Vendor # 157060					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 188,183.00	\$ -	\$ 188,183.00
2020	Contracts for Prog Svs	102-500731	\$ 187,092.00	\$ -	\$ 187,092.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ 187,092.00	\$ 187,092.00
2022	Contracts for Prog Svs	102-500731	\$ -	\$ 187,092.00	\$ 187,092.00
Subtotal			\$ 375,275.00	\$ 374,184.00	\$ 749,459.00

Monadnock Area Peer Support Agency					
Vendor # 157973					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 146,449.00	\$ -	\$ 146,449.00
2020	Contracts for Prog Svs	102-500731	\$ 152,544.00	\$ -	\$ 152,544.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ 152,544.00	\$ 152,544.00
2022	Contracts for Prog Svs	102-500731	\$ -	\$ 152,544.00	\$ 152,544.00
Subtotal			\$ 298,993.00	\$ 305,088.00	\$ 604,081.00

H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI					
Vendor # 209287					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 211,860.00	\$ -	\$ 211,860.00
2020	Contracts for Prog Svs	102-500731	\$ 192,364.00	\$ -	\$ 192,364.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ 192,364.00	\$ 192,364.00
2022	Contracts for Prog Svs	102-500731	\$ -	\$ 192,364.00	\$ 192,364.00
Subtotal			\$ 404,224.00	\$ 384,728.00	\$ 788,952.00

On the Road to Recovery, Inc.					
Vendor # 158839					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 245,562.00	\$ -	\$ 245,562.00
2020	Contracts for Prog Svs	102-500731	\$ 227,646.00	\$ -	\$ 227,646.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ 227,646.00	\$ 227,646.00
2022	Contracts for Prog Svs	102-500731	\$ -	\$ 227,646.00	\$ 227,646.00
Subtotal			\$ 473,208.00	\$ 455,292.00	\$ 928,500.00

Connections Peer Support Center					
Vendor # 157070					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 135,751.00	\$ -	\$ 135,751.00
2020	Contracts for Prog Svs	102-500731	\$ 134,784.00	\$ -	\$ 134,784.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ 134,784.00	\$ 134,784.00
2022	Contracts for Prog Svs	102-500731	\$ -	\$ 134,784.00	\$ 134,784.00
Subtotal			\$ 270,535.00	\$ 269,568.00	\$ 540,103.00

Tri-City Consumers' Action Co-operative					
Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 102,362.00	\$ -	\$ 102,362.00

Financial Detail

2020	Contracts for Prog Svs	102-500731	\$ 134,619.00	\$ -	\$ 134,619.00
2021	Contracts for Prog Svs	102-500731	\$ -	\$ 134,619.00	\$ 134,619.00
2022	Contracts for Prog Svs	102-500731	\$ -	\$ 134,619.00	\$ 134,619.00
Subtotal			\$ 236,981.00	\$ 269,238.00	\$ 506,219.00

SUB TOTAL			\$ 3,010,222.00	\$ 2,960,222.00	\$ 5,970,444.00
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05-95-91-910010-5710 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: GLENCLIFF HOME FOR ELDER, GLENCLIFF HOME, PROFESSIONAL CARE

80% Other Funds/ 20% General Funds

Activity Code: 91000000

The Altenative Life Center					
Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2018	Consultants	046-500464	\$ 1,200.00	\$ -	\$ 1,200.00
2019	Consultants	046-500464	\$ 1,200.00	\$ -	\$ 1,200.00
2020	Consultants	046-500464	\$ -	\$ -	\$ -
Subtotal			\$ 2,400.00	\$ -	\$ 2,400.00

SUB TOTAL			\$ 2,400.00	\$ -	\$ 2,400.00
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TOTAL			\$ 10,940,316.00	\$ 5,368,958.00	\$ 16,309,274.00
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New Hampshire Department of Health and Human Services
Peer Support Services



State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Peer Support Services Contract

This 3rd Amendment to the Peer Support Services contract (hereinafter referred to as "Amendment #3") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Connections Peer Support Center, (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 544 Islington Street, Portsmouth, NH 03801.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2016, (Item #23), as amended on June 20, 2018, (Item #33B), and on June 19, 2019, (Item #28), 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 or terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18 and Exhibit C-1, Revisions to General Provisions, Paragraph 3, the Contract may be amended and extended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

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 1.7, Completion Date to read:
June 30, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,469,950.
Modify Exhibit A – Amendment #2, Scope of Services, Subsection 1.5., remove section in its entirety.
3. Modify Exhibit A – Amendment #2, Scope of Services, Subsection 1.5., to read:
1.5. RESERVED
4. Modify Exhibit A – Amendment #2, Scope of Services, Section 3., Subsection 3.1. Peer Support Services; Paragraph 3.1.1., Subparagraph 3.1.1.2. to read:
 - 3.1.1.2. Maintaining a safe physical location that:
 - 3.1.1.2.1. Is open a minimum total of forty-four (44) hours per week, eight (8) hours per day, five days per week and four (4) hours on one (1) additional day per week at each location; and
 - 3.1.1.2.2. Provides face-to-face or telephone peer support services to peer support agency members or others who contact the peer support agency at a minimum of forty (40) hours per week at each location.
5. Modify Exhibit A – Amendment #2, Scope of Services, Section 11. Reporting, Subsection 11.5., to read:
 - 11.5. The Contractor shall submit a quarterly written report to the Department, on a form supplied by the Department, no later than the fifteenth (15th) day of the month following the end of

**New Hampshire Department of Health and Human Services
Peer Support Services**



each quarter regarding:

- 11.5.1. Community outreach activities as outlined in Section 12., Deliverables, Subsection 12.3.
 - 11.5.2. Compilation of program evaluation and surveys submitted in the past quarter.
 - 11.5.3. Quarterly peer support service deliverables as identified on templates provided by the Department.
 - 11.5.4. Quarterly statistical data including, but not limited to:
 - 11.5.4.1. The total number of unduplicated participants served on a daily basis.
 - 11.5.4.2. The total number of current members, defined as only those members who have been served within the past year.
 - 11.5.4.3. Program utilization totals by percentage.
 - 11.5.4.4. Number of telephone peer support contacts.
 - 11.5.4.5. Number and description of outreach activities.
 - 11.5.4.6. Number and description of educational events provided:
 - 11.5.4.6.1. On-site; and
 - 11.5.4.6.2. In the community.
 - 11.5.5. Board of Director meeting minutes for the previous quarter that include, but are not be limited to:
 - 11.5.5.1. Executive Director's report.
 - 11.5.5.2. Board of Director's roster.
6. Add Exhibit A – Amendment #2, Scope of Services, Subsection 12.1., Paragraph 12.1.6., to read:
12.1.6. Five (5) of these hours may be conducted in the center's community or region, as approved by the Department.
 7. Add Exhibit A – Amendment #2, Scope of Services, Subsection 13.5., to read:
13.5. The Contractor shall provide all requested audits within ten (10) days of receiving the request from the Department.
 8. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 5., to read:
 5. Subsequent to the action in Section 4., the Department shall make monthly payments to the Contractor based upon cost reimbursement, as submitted by the Contractor to maintain services and as approved by the Department, of the Department approved budget amounts in Exhibit B-1 Budget Form through Exhibit B-6 Amendment #3 SFY 2022 Budget.
 - 5.1. In no event shall the total of the initial payment in Section 4. and monthly payments in Section 5. exceed the budget amounts set forth in Section 5.
 - 5.2. The Department will adjust monthly payments for expenditures set forth in Section 9., below and amounts paid to initiate services in Section 4., above.
 - 5.2. Expenditures shall be in accordance with the budgets identified in Section 5., as approved by the Department.

**New Hampshire Department of Health and Human Services
Peer Support Services**



- 5.3. Allowable costs and expenses shall be determined by the Department, in accordance with applicable state and federal laws and regulations.
9. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 6., to read:
 6. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
10. Modify Exhibit B-4 by deleting its content in its entirety and replacing it with Exhibit B-4 Amendment #3, SFY 2020 Budget, which is attached hereto and incorporated by reference herein.
11. Add Exhibit B-5 – Amendment #3, SFY 2021 Budget, which is attached hereto and incorporated by reference herein.
12. Add Exhibit B-6 – Amendment #3, SFY 2022 Budget, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services
Peer Support Services



All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #3 remain in full force and effect. 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,

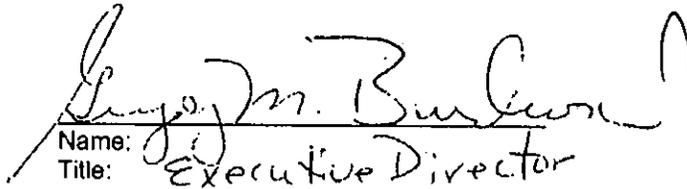
State of New Hampshire
Department of Health and Human Services

5/22/2020
Date


Name: Katja A. Fox
Title: Director

Connections Peer Support Center

5/21/20
Date


Name: Gregory M. Burlew
Title: Executive Director

New Hampshire Department of Health and Human Services
Peer Support Services



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

OFFICE OF THE ATTORNEY GENERAL

5/28/20
Date

Christen Lavers
Name:
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit B-4 - Amendment #3

SFY 2020 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: Connections Peer Support Center (CPSC)		
Budget Request for: Peer Support Services		
Budget Period: SFY20 (7/1/19 through 6/30/20)		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	169,884
602	Employee Benefit	5,736
603	Payroll taxes	12,996
	Subtotal	188,616
620	PROFESSIONAL FEES	
624	Accounting	800
625	Audit Fees	10,000
626	Legal Fees	0
627	Other Professional Fees and Consultants	2,500
	Subtotal	13,300
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	0
632	In-Service Training	3,000
633	Conferences and Conventions	0
634	Other Staff Development	0
	Subtotal	3,000
640	OCCUPANCY COSTS	
641	Rent	0
642	Mortgage Payments	0
643	Heating Costs	2,400
644	Other Utilities	2,700
645	Maintenance and Repairs	1,000
646	Taxes	0
647	Other Occupancy Costs	0
	Subtotal	6,100
650	CONSUMABLE SUPPLIES	
651	Office	1,325
652	Building/Household	1,325
653	Rehabilitation/Training	1,300
655	Food	2,000
657	Other Consumable Supplies	1,200
	Subtotal	7,150
	Other Expenses	
660	CAPITAL EXPENDITURES	6,250
665	DEPRECIATION	2,901
670	EQUIPMENT RENTAL	3,000
680	EQUIPMENT MAINTENANCE	500
700	ADVERTISING	750
710	PRINTING	600
720	TELEPHONE/COMMUNICATIONS	4,507
730	POSTAGE/SHIPPING	499
	Subtotal	19,007
740	TRANSPORTATION	
741	Board Members	0
742	Staff	1,600
743	Members and Participants	4,905
	Subtotal	6,505
750	Assistance to Individuals	
751	Client Services	0
752	Clothing	0
	Subtotal	0
760	INSURANCE	
761	Malpractice & Bonding	1,500
762	Vehicles	1,400
763	Comprehensive Property & Liability	2,100
800	OTHER EXPENDITURES	650
801	INTEREST EXPENSE	0
	Subtotal	5,650
	TOTAL PROGRAM EXPENSES	\$249,328


 Date: 5/21/20

Exhibit B-5 - Amendment #3

SFY 2021 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: <u>Connections Peer Support Center (CPSC)</u>		
Budget Request for: <u>Peer Support Services - Region VIII</u>		
Budget Period: <u>SFY21 (7/1/20 through 6/30/21)</u>		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	180,055
602	Employee Benefit	3,339
603	Payroll taxes	13,774
	Subtotal	197,168
620	PROFESSIONAL FEES	
624	Accounting	600
625	Audit Fees	10,000
626	Legal Fees	0
627	Other Professional Fees and Consultants	2,500
	Subtotal	13,100
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	0
632	In-Service Training	3,000
633	Conferences and Conventions	0
634	Other Staff Development	0
	Subtotal	3,000
640	OCCUPANCY COSTS	
641	Rent	0
642	Mortgage Payments	0
643	Heating Costs	1,800
644	Other Utilities	2,100
645	Maintenance and Repairs	0
646	Taxes	0
647	Other Occupancy Costs	0
	Subtotal	3,900
650	CONSUMABLE SUPPLIES	
651	Office	500
652	Building/Household	500
653	Rehabilitation/Training	300
655	Food	500
657	Other Consumable Supplies	400
	Subtotal	2,200
	Other Expenses	
660	CAPITAL EXPENDITURES	0
665	DEPRECIATION	2,901
670	EQUIPMENT RENTAL	3,000
680	EQUIPMENT MAINTENANCE	350
700	ADVERTISING	200
710	PRINTING	300
720	TELEPHONE/COMMUNICATIONS	4,669
730	POSTAGE/SHIPPING	310
	Subtotal	11,730
740	TRANSPORTATION	
741	Board Members	0
742	Staff	1,300
743	Members and Participants	5,100
	Subtotal	6,400
750	Assistance to Individuals	
751	Client Services	0
752	Clothing	0
	Subtotal	0
760	INSURANCE	
761	Malpractice & Bonding	1,200
762	Vehicles	1,300
763	Comprehensive Property & Liability	2,250
800	OTHER EXPENDITURES	830
801	INTEREST EXPENSE	0
	Subtotal	5,580
	TOTAL PROGRAM EXPENSES	\$243,078

Exhibit B-5 - Amendment #3

SFY 2022 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: Connections Peer Support Center (CPSC)		
Budget Request for: Peer Support Services - Region VIII		
Budget Period: SFY21 (7/1/21 through 6/30/22)		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	180,055
602	Employee Benefit	3,339
603	Payroll taxes	13,774
	Subtotal	197,168
620	PROFESSIONAL FEES	
624	Accounting	600
625	Audit Fees	10,000
626	Legal Fees	0
627	Other Professional Fees and Consultants	2,500
	Subtotal	13,100
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	0
632	In-Service Training	3,000
633	Conferences and Conventions	0
634	Other Staff Development	0
	Subtotal	3,000
640	OCCUPANCY COSTS	
641	Rent	0
642	Mortgage Payments	0
643	Heating Costs	1,800
644	Other Utilities	2,100
645	Maintenance and Repairs	0
646	Taxes	0
647	Other Occupancy Costs	0
	Subtotal	3,900
650	CONSUMABLE SUPPLIES	
651	Office	500
652	Building/Household	500
653	Rehabilitation/Training	300
655	Food	500
657	Other Consumable Supplies	400
	Subtotal	2,200
	Other Expenses	
660	CAPITAL EXPENDITURES	0
665	DEPRECIATION	2,901
670	EQUIPMENT RENTAL	3,000
680	EQUIPMENT MAINTENANCE	350
700	ADVERTISING	200
710	PRINTING	300
720	TELEPHONE/COMMUNICATIONS	4,669
730	POSTAGE/SHIPPING	310
	Subtotal	11,730
740	TRANSPORTATION	
741	Board Members	0
742	Staff	1,300
743	Members and Participants	5,100
	Subtotal	6,400
750	Assistance to Individuals	
751	Client Services	0
752	Clothing	0
	Subtotal	0
760	INSURANCE	
761	Malpractice & Bonding	1,200
762	Vehicles	1,300
763	Comprehensive Property & Liability	2,250
800	OTHER EXPENDITURES	830
801	INTEREST EXPENSE	0
	Subtotal	5,580
	TOTAL PROGRAM EXPENSES	\$243,078

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 CONNECTIONS PEER SUPPORT CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 08, 1992. 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: 175447

Certificate Number: 0004879099



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 1st day of April A.D. 2020.

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

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Kelli Moulton, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Connections Peer Support Center.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on May 21, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

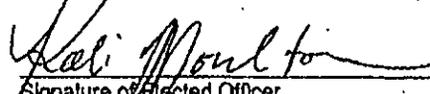
VOTED: That Gregory Burdwood, Executive Director (may list more than one person)
(Name and Title of Contract Signatory)

Is duly authorized on behalf of Connections Peer Support Center to enter into contracts or agreements with the
(Corporation/LLC Name)

State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority remains valid for thirty (30) days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 5/21/2020



Signature of elected Officer
Name:
Title:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/11/2020

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 The Demers Agency 200 Lafayette Road, Suite 5 North Hampton, NH 03862	CONTACT NAME: Cyndi Hewitt	
	PHONE (A/C, No, Ext): 603-964-9555	FAX (A/C, No): 603-964-1651
	E-MAIL ADDRESS: hewittc1@nationwide.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Nationwide Mutual Fire Insurance Company	
INSURED Connections Peer Support Center Inc. 544 Islington Street Portsmouth, NH 03801	INSURER B : Nationwide Mutual Fire Insurance Company	
	INSURER C : Mount Vernon Fire Insurance Company	
	INSURER D : Hartford Insurance Company	
	INSURER E : Merchants Bonding Company	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR 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:		ACP GLO 5413657605	12/18/2019	12/18/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		ACP BAF 5413657605	12/18/2019	12/18/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED / RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y N/A	6S60UB-2E26231-1-20	06/12/2020	06/12/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property Coverage 544 Islington St.		ACP CPP 5413657605	12/18/2019	12/18/2020	Bldg \$351,300 Conts \$35,900
C	Non Profit Directors & Officers		NDO2006703P-Claims Made	11/17/2019	11/17/2020	

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

E Merchants Bonding Company: Employee Dishonesty Bond # NHF 3234

Bond Limit = \$25,000

Term: 10/06/19-10/06/20

CERTIFICATE HOLDER

State of NH, DHHS
129 Pleasant Street
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Chris R. Demers

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MISSION STATEMENT

The mission of CPSC is to promote the health, and wellness and recovery of our members and participants who have had, currently have, or are at risk of having mental health issues. We do this by providing a safe environment for self-reflection using Intentional Peer Support and a daily variety of groups and educational opportunities to support movement toward self-determination and empowerment and hope-based recovery.

Vision

All members will participate and feel comfortable in their community, have the tools to fulfill their basic needs and personal goals and recovery, connect to resources they need, will feel supported by their peers, understand the role of recovery in their lives, contribute to their communities at large, be able to navigate through the system, feel hopeful and empowered, and feel welcome, safe, and comfortable.

Guiding Principles

Our programs are grounded in the principles of:

- Intentional Peer Support;
- Personal responsibility and accountability;
- Holistic perspective on health and well-being;
- Respecting others' thoughts and beliefs as not only valid, but important opportunities for growth;
- Growth beyond the stigma, shame and limits placed on us;
- Creating and maintaining a strong, active voice and presence dedicated to social change;
- Knowledge that this strong, active presence will increase understanding and compassion and decrease ignorance and denial outside of our community;
- The knowledge that very few individuals, if any, in our society are untouched by mental health issues – within themselves, their families, friends, their communities, and society at large. This is an issue that impacts us all and it needs greater understanding and attention.

Approved by CPSC BoD: 01/04/2016

Financial Statements

CONNECTIONS PEER SUPPORT
CENTER

FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018
AND
INDEPENDENT AUDITORS' REPORT

CONNECTIONS PEER SUPPORT CENTER
FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

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To the Board of Directors of
Connections Peer Support Center
Portsmouth, New Hampshire

**Leone,
McDonnell
& Roberts**
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
WOLFEBORO • NORTH CONWAY
DOVER • CONCORD
STRAITHAM

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying financial statements of Connections Peer Support Center (a nonprofit organization), which comprise the statements of financial position as of June 30, 2019 and 2018, and the related statements of activities, cash flows, and functional expenses for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Connections Peer Support Center as of June 30, 2019 and 2018, 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.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The information included in the Bureau of Mental Health Services Refundable Advance Schedule is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Leone, McDonnell + Roberts
Professional Association

October 16, 2019
Dover, New Hampshire

CONNECTIONS PEER SUPPORT CENTER

**STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
ASSETS		
CURRENT ASSETS		
Cash	\$ 37,411	\$ 24,416
Accounts receivable	63	-
Prepaid expenses	<u>2,759</u>	<u>2,404</u>
Total current assets	<u>40,233</u>	<u>26,820</u>
PROPERTY AND EQUIPMENT, NET	<u>145,353</u>	<u>123,487</u>
OTHER ASSETS		
Restricted cash	<u>61,688</u>	<u>111,205</u>
Total assets	<u>\$ 247,274</u>	<u>\$ 261,512</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES		
Accounts payable	\$ 1,264	\$ 284
Accrued expenses	9,735	11,130
Accrued payroll and related taxes	9,643	9,908
Refundable advances	<u>61,688</u>	<u>111,205</u>
Total current liabilities	<u>82,330</u>	<u>132,527</u>
Total liabilities	<u>82,330</u>	<u>132,527</u>
NET ASSETS		
Without donor restrictions	159,944	128,985
With donor restrictions	<u>5,000</u>	<u>-</u>
Total net assets	<u>164,944</u>	<u>128,985</u>
Total liabilities and net assets	<u>\$ 247,274</u>	<u>\$ 261,512</u>

See Notes to Financial Statements

CONNECTIONS PEER SUPPORT CENTER

**STATEMENTS OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2019**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
PUBLIC SUPPORT			
Grants and contracts	\$ 269,338	\$ -	\$ 269,338
Donations	<u>9,625</u>	<u>5,000</u>	<u>14,625</u>
Total public support	278,963	5,000	283,963
REVENUES			
Interest	<u>42</u>	<u>-</u>	<u>42</u>
Total public support and revenues	<u>279,005</u>	<u>5,000</u>	<u>284,005</u>
EXPENSES			
Program services	226,424	-	226,424
General and administrative	<u>21,622</u>	<u>-</u>	<u>21,622</u>
Total expenses	<u>248,046</u>	<u>-</u>	<u>248,046</u>
INCREASE IN NET ASSETS	30,959	5,000	35,959
NET ASSETS, BEGINNING OF YEAR	<u>128,985</u>	<u>-</u>	<u>128,985</u>
NET ASSETS, END OF YEAR	<u>\$ 159,944</u>	<u>\$ 5,000</u>	<u>\$ 164,944</u>

See Notes to Financial Statements

CONNECTIONS PEER SUPPORT CENTER

**STATEMENTS OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2018**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
PUBLIC SUPPORT			
Grants and contracts	\$ 250,182	\$ -	\$ 250,182
Donations	<u>656</u>	<u>-</u>	<u>656</u>
Total public support	250,838	-	250,838
REVENUES			
Interest	<u>51</u>	<u>-</u>	<u>51</u>
Total public support and revenues	<u>250,889</u>	<u>-</u>	<u>250,889</u>
EXPENSES			
Program services	228,859	-	228,859
General and administrative	<u>22,432</u>	<u>-</u>	<u>22,432</u>
Total expenses	<u>251,291</u>	<u>-</u>	<u>251,291</u>
DECREASE IN NET ASSETS	(402)	-	(402)
NET ASSETS, BEGINNING OF YEAR	<u>129,387</u>	<u>-</u>	<u>129,387</u>
NET ASSETS, END OF YEAR	<u>\$ 128,985</u>	<u>\$ -</u>	<u>\$ 128,985</u>

See Notes to Financial Statements

CONNECTIONS PEER SUPPORT CENTER

**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (decrease) in net assets	\$ 35,959	\$ (402)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	14,666	10,281
(Increase) decrease in assets:		
Accounts receivable	(63)	-
Prepaid expenses	(355)	7,556
(Decrease) increase in liabilities:		
Accounts payable	980	(2,552)
Accrued expenses	(1,395)	2,336
Accrued payroll and related taxes	(265)	(2,501)
Refundable advances	<u>(49,517)</u>	<u>(5,360)</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>10</u>	<u>9,358</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	<u>(36,532)</u>	<u>(7,478)</u>
NET CASH USED IN INVESTING ACTIVITIES	<u>(36,532)</u>	<u>(7,478)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Principal payments of long term debt	<u>-</u>	<u>(9,335)</u>
NET CASH USED IN FINANCING ACTIVITIES	<u>-</u>	<u>(9,335)</u>
NET DECREASE IN CASH	(36,522)	(7,455)
CASH, BEGINNING OF YEAR	<u>135,621</u>	<u>143,076</u>
CASH, END OF YEAR	<u>\$ 99,099</u>	<u>\$ 135,621</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid for interest during the year	<u>\$ -</u>	<u>\$ 260</u>

See Notes to Financial Statements

CONNECTIONS PEER SUPPORT CENTER

**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2019**

	<u>Program Services</u>	<u>General and Administrative</u>	<u>Total</u>
Salaries	\$ 150,247	\$ 4,647	\$ 154,894
Depreciation	12,906	1,760	14,666
Office supplies and postage	13,053	687	13,740
Payroll taxes	11,999	1,043	13,042
Professional fees	-	9,751	9,751
Benefits	8,910	671	9,581
Travel	4,993	555	5,548
Insurance	4,324	1,081	5,405
Utilities	4,443	664	5,107
Telephone	4,259	-	4,259
Staff development	3,748	416	4,164
Repairs and maintenance	4,145	-	4,145
Other	2,831	315	3,146
Dues and publications	521	27	548
Conferences and meetings	45	5	50
TOTAL	<u>\$ 226,424</u>	<u>\$ 21,622</u>	<u>\$ 248,046</u>

See Notes to Financial Statements

CONNECTIONS PEER SUPPORT CENTER

**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2018**

	<u>Program Services</u>	<u>General and Administrative</u>	<u>Total</u>
Salaries	\$ 121,095	\$ 3,745	\$ 124,840
Repairs and maintenance	18,894	-	18,894
Benefits	15,987	1,203	17,190
Staff development	13,208	1,467	14,675
Office supplies and postage	12,822	675	13,497
Depreciation	9,047	1,234	10,281
Payroll taxes	9,212	801	10,013
Professional fees	-	9,975	9,975
Other	8,682	965	9,647
Travel	6,575	730	7,305
Utilities	4,638	693	5,331
Telephone	4,559	-	4,559
Insurance	3,567	892	4,459
Dues and publications	347	18	365
Interest	226	34	260
TOTAL	<u>\$ 228,859</u>	<u>\$ 22,432</u>	<u>\$ 251,291</u>

See Notes to Financial Statements

CONNECTIONS PEER SUPPORT CENTER

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018**

NOTE 1. ORGANIZATION

Connections Peer Support Center (the Center) is a nonprofit organization that was established on June 8, 1992 and whose operations are located in Portsmouth, New Hampshire. The Center's purpose is to implement a consumer agenda for improving the quality of life of adult consumers of mental health services in Rockingham County. A majority of the Center's support is provided by a grant from the State of New Hampshire Bureau of Mental Health Services, (BMHS).

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Center prepares its financial statements using the accrual method of accounting, in accordance with accounting principles generally accepted in the United States of America, whereby revenue is recognized when earned and expenses are recognized in the period incurred.

Basis of Presentation

The financial statements are presented in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 958-205, Not-for-Profit Entities, Presentation of Financial Statements. During 2018, the Center adopted the provisions of Accounting Standards Update ("ASU") 2016-14: Not-for-Profit-Entities (Topic 958) Presentation of Financial Statements of Not-for-Profit Entities, which improves the current net asset classification and the related information presented in the financial statements and notes about the Center's liquidity, financial performance, and cash flows.

New Accounting Pronouncement

On August 18, 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) – *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Center has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to all periods presented.

Use of Estimates

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

Cash Equivalents

The Center considers all highly liquid instruments with an original maturity date of three months or less to be cash equivalents. The Center has no cash equivalents as of June 30, 2019 and 2018.

Restricted Cash

Restricted cash represents the refundable advances as June 30, 2019 and 2018, and total \$61,688 and \$111,205, respectively. The Center must receive prior approval from the State of New Hampshire in order to utilize these funds.

Property and Equipment

Purchases of property and equipment are recorded at cost, while donations of property and equipment are recorded as support at their estimated fair value at the date of donation. Costs for repairs and maintenance are charged against operations. Renewals and betterments, which materially extend the life of the assets, are capitalized.

Property and equipment at June 30, 2019 and 2018, consisted of the following:

	<u>2019</u>	<u>2018</u>
Building	\$ 119,482	\$ 119,482
Building improvements	73,456	39,640
Furniture and equipment	18,502	15,786
Vehicles	26,692	26,692
Land	<u>37,555</u>	<u>37,555</u>
	275,687	239,155
Less accumulated depreciation	<u>(130,334)</u>	<u>(115,668)</u>
Property and equipment, net	<u>\$ 145,353</u>	<u>\$ 123,487</u>

Depreciation is provided over the estimated useful lives of the individual assets using the straight-line method. The estimated useful lives are as follows:

	<u>Years</u>
Building and Improvements	7 - 40
Vehicles	5
Furniture and equipment	3 - 10

Depreciation expense for the years ended June 30, 2019 and 2018 was \$14,666 and \$10,281, respectively.

Contributions

Contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor-imposed restrictions. Support that is restricted is reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the contribution is recognized. All other donor restricted contributions are reported as net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Net assets without donor restrictions: include net assets that are not subject to any donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Center. These net assets may be used at the discretion of the Center's management and board of directors.

Net assets with donor restrictions: include net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Center or by passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities.

Compensated Absences

The Center has accrued a liability for future compensated leave time which its employees have earned and which is vested with the employee. The amounts at June 30, 2019 and 2018; were \$2,332 and \$4,580, respectively, and are included in accrued payroll and related taxes on the balance sheet.

Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the Statement of Activities. The Statement of Functional Expenses presents the natural classification of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The expenses that are allocated include occupancy and depreciation, which are allocated on a square footage basis, as well as personnel costs, professional services, office expenses, insurance, and other, which are allocated on the basis of estimates of time and effort.

NOTE 3. AVAILABILITY AND LIQUIDITY

The Center's financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, are as follows:

	<u>2019</u>	<u>2018</u>
Financial assets at year end:		
Cash	\$ 99,099	\$ 134,590
Total financial assets	99,099	134,590
Less amounts not available to be used for general expenditures within one year:		
Refundable advances	61,688	111,205
Less net assets with purpose and time Restrictions to be met in less than a year	<u>5,000</u>	<u>-</u>
Total amounts not available within one year	<u>66,688</u>	<u>111,205</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 32,411</u>	<u>\$ 23,385</u>

NOTE 4. INCOME TAXES

Connections Peer Support Center is currently exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Internal Revenue Service has determined the Center to be other than a private foundation.

Accounting Standard Codification No. 740, "Accounting for Income Taxes," established the minimum threshold for recognizing, and a system for measuring, the benefits of tax return positions in financial statements. The Center has analyzed its tax position taken on its information returns for all open tax years (2015 - 2018), and has concluded that no provision for income taxes is necessary in the Center's financial statements.

NOTE 5. LEASE COMMITMENT

The Center entered into an operating lease for a copier during the fiscal year ended June 30, 2018. The lease agreement requires monthly payments of \$250 and is due to expire in November, 2023. The lease agreement contains an end of lease purchase option at the fair value of the equipment. As part of the new lease agreement, the Center received funds to buy out the old copier lease.

Minimum lease payments under the terms of the current lease are as follows as of June 30:

2020	\$	3,000
2021		3,000
2022		3,000
2023		<u>1,250</u>
Total	\$	<u>10,250</u>

The copier lease expense of \$3,738 and \$3,866 is included in office supplies and postage expense for each of the years ended June 30, 2019 and 2018, respectively.

NOTE 6. CONCENTRATION OF RISK

The Center receives the majority of its support from a grant issued by the State of New Hampshire, Department of Health and Human Services, Bureau of Mental Health Services. Continuation of the Center's programs is contingent upon future funding from this agency.

NOTE 7. REFUNDABLE ADVANCES

Refundable advances were \$61,688 and \$111,205 as of June 30, 2019 and 2018, respectively. The amounts represent revenue received in advance from the Bureau of Mental Health Services (BMHS) for services to be performed by the Center.

The Center must request pre-approval from BMHS before spending these funds. If approval is not obtained, the funds must be returned to BMHS. During the fiscal years ended June 30, 2019 and 2018, the Center had received approval for and spent \$58,734 and \$21,221, of prior year fund carryovers, respectively.

NOTE 8. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions were available at June 30 for the following purposes:

	<u>2019</u>	<u>2018</u>
Subject to expenditure for a specific purpose:		
Communications development	\$ <u>5,000</u>	\$ <u>-</u>

NOTE 9. RECLASSIFICATIONS

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These classifications had no effect on the previously reported change in net assets, or net asset amounts.

NOTE 10. SUBSEQUENT EVENTS

The Center has evaluated subsequent events through October 16, 2019 the date the financial statements were available to be issued.

CONNECTIONS PEER SUPPORT CENTER

**BUREAU OF MENTAL HEALTH SERVICES (BMHS)
REFUNDABLE ADVANCE SCHEDULE
FOR THE YEAR ENDED JUNE 30, 2019**

Reconciliation of BMHS Refundable Advance

Total FY 2019 BMHS funds received	\$ 240,822
Recognition of funds released by BMHS	<u>58,734</u>
Total funds received	<u>299,556</u>
Less:	
BMHS expenses	(248,046)
Approved fixed asset purchases	(36,532)
Transfer of funds	<u>(21,000)</u>
Total approved expenses	<u>(305,578)</u>
Add:	
Depreciation expense	14,666
Miscellaneous revenue adjustment	63
Non-approved BMHS expenses	<u>510</u>
Total nonapproved expenses	<u>15,239</u>
BMHS surplus	9,217
Recognition of funds released by BMHS	<u>(58,734)</u>
Change in refundable advance at June 30, 2019	<u>(49,517)</u>
Refundable advance balance at June 30, 2018	<u>111,205</u>
Refundable advance balance at June 30, 2019	<u>\$ 61,688</u>

See Independent Auditors' Report

**Connections Peer Support Center
BOARD OF DIRECTORS
APRIL 2020**

**PRESIDENT
Kali Moulton**



Joined on: 05-2018
Term#: 1
Term Length: 2 years
Expiration: 05-2020
Office: President: Term: 1 (11/20/19)
Committees: External Affairs, Governance,
Internal Affairs, Executive (Chair)

Colby Breen Pantelakos



Joined on: 07-2016
Term#: 2
Term Length: 2 yr
Expiration: 07-2020
Committee: Governance

David Sinclair



Joined on: 10-19
Term #: 1
Term Length: 2 yrs
Expiration: 10-2021
Committee: Internal Affairs

**TREASURER
Leslie McCarthy**



Joined on: 06-2016
Term #: 2
Term length: 2 yrs
Expiration: 06-2020
Office: Treasurer: Term 2
Committee: Internal Affairs

Carol Hollis



Joined on: 11-2015
Term#: 3
Term Length: 2 yrs
Expiration: 11-2021
Committee: Internal Affairs, Chair

Wes Tator



**SECRETARY
Judi Coleman**



Joined on: 09-27-2017
Term #: 2
Term Length: 2 yrs
Expiration: 09-2021
Office: Secretary: Term 2
Committee: Internal Affairs

Paula Rockwell



Joined on: 10-2018
Term #: 1
Term Length: 2 yrs
Expiration 10-2020
Committee: External Affairs

Harry Chase



Joined on: 06-2019
Term #: 1
Term Length: 2 yrs
Expiration: 06-2021
Committee: Internal Affairs

Lauren Rosenzweig



Joined on: 05-19
Term #: 1
Term length: 2 yrs
Expiration: 05-2021
Committee: External Affairs (Chair)

GREG BURDWOOD, M.A.

Human Services Professional with proven success in project management, program development, consultation, operations management, supervision, training, grant administration, and direct services.

M.A., *Counseling*, University of New Hampshire, Durham, NH
BA, *Human Development & Social Relations*, Earlham College, Richmond, IN

PROFESSIONAL EXPERIENCE

Connections Peer Support Center, Portsmouth, NH 2018 – present

Executive Director: Responsible for overseeing the administration, programs and strategic plan of the organization. Other key duties include:

- Fundraising, marketing, and community outreach.
- Ensuring that the operation of Connections meets the expectations of its members, board and funders.
- Overseeing the planning, implementation and evaluation of the Connections programs and services.
- Hiring, supervision, and performance management of the Connections staff.
- Providing leadership to staff through effective objective setting, delegation, and communication.

Extended Family, Portsmouth, NH 2017 - 2018

Personal Care Provider: Assist older adults living at home, providing personal care, ambulation/transfer, housekeeping, meal prep, companionship, finding community, accessing healthcare, and health advocacy.

Cooperative Alliance for Seacoast Transportation (COAST) Dover, NH 2015 - 2017

Demand-Response Manager: Managed paratransit program to enhance riders' access to the community.

- Assured compliance with ADA and Medicaid regulations.
- Hiring, firing, and supervision of operators and support staff.
- Coordination of the North Country volunteer driver program.
- Coordination with call center and dispatch for smooth operation and QI.
- Development of rider survey.

NH Department of Health and Human Services, Concord, NH 2014 - 2015

Community Integration Project Manager: Project management of the US Dept. of Justice Olmstead Agreement, to expand and increase access to community-based mental health services statewide.

University of New Hampshire, Concord NH, 2010 - 2014

UNH Institute for Health Policy and Practice, *Behavioral Health Transition Coordinator, 2011 - 2014*

Federal grant to transition older adults with severe mental illness and complex health issues from NH Hospital and other facilities back to their home communities.

- Provided post-transition follow-up support to individuals, facilitating connection to social supports and appropriate health/human service agencies.
- Assessed program satisfaction/effectiveness and developed reports for DHHS leadership.

EXPERIENCE, continued

Greg Burdwood, page 2

UNH Institute on Disability, Project Manager, 2010 - 2011

One-year grant, for the "Payment & System Reform Project," to shift community mental health centers' Medicaid reimbursements to a managed care model.

- Coordinated regular team meetings.
- Monitored actions and time lines.
- Developed web site and communication plan.
- Convened stakeholder groups for input.
- Lead writer of waiver application to the Centers for Medicare and Medicaid services.

NH House of Representatives, Concord, NH

2012 - 2014

NH Representative for House District 17, Dover Wards 5 & 6 and Somersworth's Ward 2

HUB Family Resource Center, Dover, NH

2004 - 2010

Executive Director: Senior leadership of a human services agency dedicated to supporting parents in raising healthy children in caring homes.

- Hiring and oversight of staff of 20
- Operations management
- HR functions
- Budget development
- Fundraising and grant administration
- Collaborated with community organizations
- Community presentations
- Wrote articles on child development & family life for local media and agency newsletter.

Resource Management Consultants, Concord, NH

2002 - 2004

Employee Assistance Program Contract Manager: Administered EAP Contracts of 17 businesses.

- Trained key employees to deliver program
- Provided consultation to management
- Counseled individuals and families
- Facilitated critical incident stress debriefings
- Provided lunch-and-learn presentations on wellness and work/life balance

Community Partners, Dover, NH

2001 - 2002

Development and Community Relations Manager:

- Managed marketing, promotion and PR
- Wrote/managed foundation, state, and federal grants.
- Worked with consumers, staff, and board to create a new mission statement and vision.

Stratford Guidance Center, Dover, NH

1993 - 2001

Director of Development, 1997 - 2001

- Implemented the center's marketing, public relations and fundraising strategies.
- Wrote grants resulting in \$1.2M of funding.

Manager, Adult Outpatient and EAP Services, 1993 - 1997

- Managed general operations
- Provided clinical/administrative supervision
- Managed the center's EAP programs
- Provided individual and couples counseling

Phillips Exeter Academy, Exeter, NH

1991-1993

Student Assistance Program Coordinator

Seacoast Mental Health Center, Dover, NH

1985-1991

Emergency Services Clinician, 1986-1993

Community Support Program Clinician, 1985-1986

Tina M. Dulac

Ability Summary

Bookkeeping/accounting skills, payroll processing, and general Human Resource responsibilities.

Office experience including administrative responsibilities, customer service, and vendor communications.

MS Word and Excel, QuickBooks, ADP Run, Zenefits, as well as many industry-specific applications and programs.

Key strengths include: attention to detail, problem solving, prioritizing, customer/vendor relations and an integrity-based work ethic.

Experience

Connections Peer Support Center, Portsmouth, NH – Nov. 2016 to present

Administrative Services Director

- Prepares, reviews, and finalizes monthly and annual financial reporting materials
- Oversees cash flow for administration and existing programs.
- Coordinates all audit activities.
- Partners with the executive director on the organization's financial, budgeting, and administrative processes, including HR, payroll, and benefits functions, with an eye to continuously developing and improving systems.
- Oversees maintenance and repairs of facilities and grounds and maintenance and repairs and registration/inspection of CPSC van.
- Submits necessary paperwork to BMHS for payment of trainings; provides administrative support to the executive director and the board of directors.
- Be available to run groups, assist with activities, drive the van, provide one-to-one peer support, including ability to teach peer support model by example and instruction.
- Remains up-to-date in trainings in IPS, Warm Line, and WHAM.

The Channel Company, Dover, NH - Apr. 2014 to Dec. 2015

Office Manager

- Performed all tasks related to processing the bi-weekly payroll for 15 employees and coordinated with employment agencies regarding temporary employee's hiring paperwork and payroll.
- Responsible for many bookkeeping/accounting duties, including processing accounts payable, reconciling bank and credit card accounts, and preparing monthly/yearly company financial reports.
- Executed all duties related to Human Resources, such as onboarding paperwork, company orientation, company policy formation, and communication with the state's unemployment office.

Sprague Energy, Portsmouth, NH – Oct. 2001 to May 2004

Marketing Data Coordinator

- Ensured accuracy of all customer data in multiple operating systems, and extracted data to generate information used in strategic decision making.

Customer Pricing Coordinator

- Communicated the company's daily price for oil and gas products to over 400 potential customers.
- Coordinated pricing in multiple platforms for accurate customer billing.
- Liaison between customers, sales, accounting, and billing for resolution of pricing disputes.

Accounts Payable Associate

- Processed accounts payable and maintained accurate account balances for over 400 customers.

Education

Bachelor of Arts Degree, Political Science - University of South Florida, Tampa, FL – 1996

University of Central Florida, Orlando, FL (1999 – 2001)

- Completed 30 hours of undergraduate and 9 hours of graduate course work in accounting and business.

NINA JENSSEN

Connections Peer Support Center Portsmouth NH

Program Coordinator

October 9 2015

Plan and implement programming to enhance mental health and well being of members.

Supervise peer support staff and van driver

Facilitate WRAP and IPS groups

Monitor warm line and daily outreach calls

Seacoast Family Promise, Stratham NH

Volunteer Coordinator

Recruitment and training of volunteers for homeless shelter Sept 2004- - June 2014

Coordination of meal preparation for up to 15 individuals

Liaison between guests, volunteers and program director

END 68 HOURS of HUNGER Eliot ME

MSAD 35 Coordinator

June 2012- - Jan 2014

Responsible for startup of backpack program for MSAD 35

Volunteer Recruitment

Coordinator for Weekly Team Leaders

Familles First Portsmouth

May 2010=August 2010

Parent Recharge Facilitator

Facilitated biweekly nutrition group for parents

Cooking Matters

Jan 2011- May 2011

Classroom Assistant

Support instructors in teaching nutrition classes

Friends of the William Fogg Library

sept 2003-Setp 2009

Volunteer Coordinator

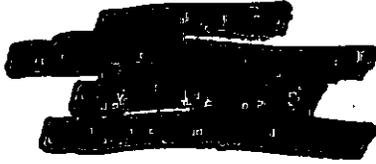
Supervise annual OktoberFest

EDUCATION

University of New England - Biddeford ME - BS Environmental Studies Dec 1991

UNH Durham NH Dietetics Coursework: Jan 2010-May 2015

Rachel A. Williams



EXPERIENCE

Connections Peer Support Center

Portsmouth, NH

Community Outreach Coordinator, October 2019 to present

- Coordinate communications efforts within Connections and to larger community
- Create and manage social media and electronic communication content
- Supervise Warmline staff, scheduling, and training
- Facilitate groups and perform member outreach

Onesky/Community Integrated Services (companies merged 07-01-19)

Portsmouth, NH

Job Developer, December 2018 to October 2019

- Supported disabled adults in obtaining and successfully maintaining employment
- Worked with employed clients to develop skills to become independent workers
- Developed relationships with employers to facilitate successful client placements

Connections Peer Support Center

Portsmouth, NH

Warmline Operator, June 2018 to September 2019

- Provided telephone support to persons with severe and persistent mental illness and/or substance abuse issues
- Maintained confidentiality and triage crisis calls for referral as appropriate

Great Bay Services

Dover, NH

Direct Service Provider, January 2017 to December 2018

- Provided community integration activities to clients
- Designed classes specific to individual clients' needs
- Offered any supports needed to facilitate positive client experience

Delta Management Associates

Dover, NH

PPA Account Manager, June 2014 to June 2015

Managed 500+ accounts in promised payment arrangements (PPA)

Negotiated renewal of payment arrangements and recovery of missed payments, payments-in-full, and settlements-in-full, as well as providing other borrower services as needed

Maintained 90 percent-plus score on all evaluation/compliance audits while reaching budget targets and achieving bonus monthly.

Collection specialist, October 2013 to June 2014

- Used professional skip-tracing tools to locate delinquent borrowers
- Negotiated with borrowers to achieve resolution of delinquent tuition debt
- Maintained high ethical and professional standards while at all times complying with FDCPA

National Passport Information Center

Dover, NH

Senior customer service representative, June 2004 to 2006

- Answered queries from fellow customer service representatives
- Approved high-priority communication with federal passport agencies
- Resolved escalated customer service issues

Customer service representative, March 1999 to June 2004

- Advised individuals regarding citizenship documentation and passport application procedures
- Resolved difficulties with passport applications
- Communicated with passport agencies on customer's behalf, as appropriate

Strawbery Banke Museum

Portsmouth, NH

Teacher/interpreter, May 1987 to December 1992

- Taught school groups of all ages
- Led tours of the museum on variety of topics
- Demonstrated the arts and daily activities of the past to museum visitors

Odiorne Point Visitor Center

Rye, NH

Naturalist, May 1986 to May 1991

- Led classes and tours of various habitats
- Designed classes for families and adults
- Supervised volunteers

EDUCATION

Lakes Region Community College, Laconia, NH

September 2007 to May 2010

- Graduate, A.A.S. degree, Energy Services and Technology

Additional certifications:

- BPI Building Analyst Certification
- CPR Certification, April 2017

RACHEL A. WILLIAMS / 4

COMMUNITY SERVICE

Cocheco Arts and Technology Academy

A charter public high school, Dover, NH

- President, board of trustees, September 2008 to June 2014
- Board member, March 2007 to May 2016

Dover Cooperative Ministries

Dover, NH

- Treasurer, October 2018 to present
- Representative from Dover Friends Meeting (Quaker), March 2018 to present

PSA – CPSC, Region VIII

Key Personnel FY21

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Burdwood, Gregory	Executive Director	\$45,011.20	100%	\$45,011.20
Dulac, Tina	Administrative Services Dir.	\$33,670.00	100%	\$33,670.00
Jenssen, Nina	Program Manager	\$30,940.00	100%	\$30,940.00
Williams, Rachel	Program Manager	\$30,940.00	100%	\$30,940.00

**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Peer Support Services Contract**

This 3rd Amendment to the Peer Support Services contract (hereinafter referred to as "Amendment #3") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI, (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 5 Pine Street Extension, Suite 1G, Nashua, NH 03060.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2016, (Item #23), as amended on June 20, 2018, (Item #33B), and on June 19, 2019, (Item #28), 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 or terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18 and Exhibit C-1, Revisions to General provisions, Paragraph 3, the Contract may be amended and extended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, and modify the scope of services to support continued delivery of these services; and

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 1.7, Completion Date to read:
June 30, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,313,757.
3. Exhibit A – Amendment #2, Scope of Services, Section 1., Subsection 1.5, to read:
1.5. RESERVED
4. Modify Exhibit A – Amendment #2, Scope of Services, Section 3., Subsection 3.1. Peer Support Services, Paragraph 3.1.1., Subparagraph 3.1.1.2. to read:
 - 3.1.1.2 Maintaining a safe physical location that:
 - 3.1.1.2.1 Is open a minimum total of forty-four (44) hours per week, eight (8) hours per day, five days per week and four (4) hours on one (1) additional day per week at each location; and
 - 3.1.1.2.2 Provides face-to-face or telephone peer support services to peer support agency members or others who contact the peer support agency at a minimum of forty (40) hours per week at each location.
4. Modify Exhibit A – Amendment #2, Scope of Services, Section 3., Subsection 3.4., Crisis Respite, Paragraph 3.4.1. to read:
 - 3.4.1. The Contractor agrees to establish a peer operated respite that provides early intervention for individuals (18) years of age and older who have a mental illness and who are experiencing a crisis in the community as follows:
 - 3.4.1.1. Accept applications for respite stays as submitted by self-referral or through

other formal or informal support networks.

- 3.4.1.2. Provide crisis respite a maximum of seven (7) days per episode.
 - 3.4.1.3. Provide a minimum of two (2) designated peer operated crisis respite beds.
 - 3.4.1.4. Provide individuals from throughout New Hampshire regardless of where they live or work.
 - 3.4.1.5. Provide a form of housing such as an apartment adjacent to or attached to the peer support agency that includes amenities and private living space for the individual.
 - 3.4.1.6. Have at least one (1) staff person onsite twenty-four (24) hours per day when participants are in the program.
 - 3.4.1.7. Administer a functional assessment on a form approved by the Department, at the time of entry and exit from the program.
 - 3.4.1.8. Develop a referral process and make referrals to the local community mental health center for those who require a higher level of care or evaluation for hospitalization.
 - 3.4.1.9. Ensure communication with other service providers occurs regarding the individual's care, with written consent.
 - 3.4.1.10. Provide interventions using a model of Intentional Peer Support (IPS) that focuses on individuals' strengths and assists with personal recovery and wellness.
 - 3.4.1.11. Provide individualized supports with a focus on wellness and recovery that may include Wellness Recovery Action Plan (WRAP), if applicable.
 - 3.4.1.12. Offer other peer support agency services and supports during the course of stay.
 - 3.4.1.13. Assist the individual to identify and obtain benefits as appropriate including, but not limited to:
 - 3.4.1.13.1. Food Stamps.
 - 3.4.1.13.2. Heating assistance.
 - 3.4.1.14. Make referrals to other community-based services, as appropriate.
 - 3.4.1.15. Assist with locating permanent housing, as needed.
 - 3.4.1.16. Support the individual to return to participation in community activities, services and supports.
 - 3.4.1.17. Ensure the individual's health needs are addressed during the course of their stay if they become ill or injured.
6. Modify Exhibit A – Amendment #2, Scope of Services, Section 11. Deliverables, Subsection 11.5., to read:
- 11.5. The Contractor shall submit a quarterly written report to the Department, on a form supplied by the Department, no later than the fifteenth (15th) of the month following the quarter regarding:
 - 11.5.1. Community outreach activities as outlined in Section 12., Deliverables, Subsection 12.3.
 - 11.5.2. Compilation of program evaluation and surveys submitted in the past quarter.
 - 11.5.3. Quarterly peer support service deliverables as identified on templates provided by

the Department.

11.5.4. Quarterly statistical data including, but not limited to:

- 11.5.4.1. The total number of unduplicated participants served on a daily basis.
- 11.5.4.2. The total number of current members, defined as only those members who have been served within the past year.
- 11.5.4.3. Program utilization totals by percentage.
- 11.5.4.4. Number and description of outreach activities.
- 11.5.4.5. Number of telephone peer support contacts.
- 11.5.4.6. Number and description of educational events provided:
 - 11.5.4.6.1. On-site; and
 - 11.5.4.6.2. In the community.

- 7. Add Exhibit A – Amendment #2, Scope of Services, Section 12. Deliverables, Subsection 12.1., Paragraph 12.1.6., to read:
 - 12.1.6. Five (5) of these hours may be conducted in the center's community or region, as approved by the Department.
- 8. Add Exhibit A – Amendment #2, Scope of Services, Section 14. Quality Improvement, Subsection 14.5., to read:
 - 14.5. The Contractor shall provide all requested audits within ten (10) days of the request by the Department.
- 9. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 5., to read:
 - 5. Subsequent to the action in Section 4., the Department shall make monthly payments to the Contractor based upon cost reimbursement, as submitted by the Contractor to maintain services and as approved by the Department, of the Department approved budget amounts in Exhibit B-1 Budget Form through Exhibit B-6 Amendment #3 SFY 2022 Budget.
 - 5.1. In no event shall the total of the initial payment in Section 4. and monthly payments in Section 5. exceed the budget amounts set forth in Section 5.
 - 5.2. The Department will adjust monthly payments for expenditures set forth in Section 9., below and amounts paid to initiate services in Section 4., above.
 - 5.2. Expenditures shall be in accordance with the budgets identified in Section 5., as approved by the Department.
 - 5.3. Allowable costs and expenses shall be determined by the Department, in accordance with applicable state and federal laws and regulations.
- 10. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 6., to read:
 - 6. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
- 11. Modify Exhibit B-4 by deleting its content in its entirety and replacing it with Exhibit B-4 Amendment #3, SFY 2020 Budget, which is attached hereto and incorporated by reference herein..
- 12. Add Exhibit B-5 – Amendment #3, SFY 2021 Budget, which is attached hereto and incorporated

by reference herein.

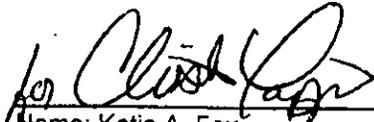
13. Add Exhibit B-6 – Amendment #3, SFY 2022 Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #3 remain in full force and effect. 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,

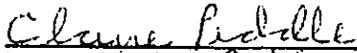
State of New Hampshire
Department of Health and Human Services

6-9-2020
Date


Name: Katja A. Fox
Title: Director

H.E.A.R.T.S Peer Support Center of Greater Nashua
Region IV

6-5-20
Date


Name: Claire Peddle
Title: Treasurer

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

OFFICE OF THE ATTORNEY GENERAL

6/9/20
Date

/s/ Christen Lavers
Name:
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit B-4 - Amendment #3

SFY 2020 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI		
Budget Request for: Peer Support Services		
Budget Period: SFY21 (7/1/20 through 6/30/21)		
Line Item Budget Reference Number	Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	230,888
602	Employee Benefit	33,354
603	Payroll taxes	16,569
	Subtotal	
620	PROFESSIONAL FEES	
624	Accounting	7,316
625	Audit Fees	6,000
626	Legal Fees	
627	Other Professional Fees and Consultants	
	Subtotal	
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	
632	In-Service Training	3,000
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	
640	OCCUPANCY COSTS	
641	Rent	60,000
642	Mortgage Payments	
643	Heating Costs	
644	Other Utilities	
645	Maintenance and Repairs	
646	Taxes	
647	Other Occupancy Costs	
	Subtotal	
650	CONSUMABLE SUPPLIES	
651	Office	3,000
652	Building/Household	4,200
653	Rehabilitation/Training	
655	Food	2,500
657	Other Consumable Supplies	
	Subtotal	
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	
670	EQUIPMENT RENTAL	
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	800
710	PRINTING	1,500
720	TELEPHONE/COMMUNICATIONS	5,500
730	POSTAGE/SHIPPING	430
	Subtotal	
740	TRANSPORTATION	
741	Board Members	
742	Staff	1,600
743	Members and Participants	8,000
	Subtotal	
750	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
760	INSURANCE	
761	Malpractice & Bonding	900
762	Vehicles	4,000
763	Comprehensive Property & Liability	1,784
800	OTHER EXPENDITURES	0
801	INTEREST EXPENSE	
	Subtotal	
	TOTAL PROGRAM EXPENSES	\$393,341

Exhibit B-5 - Amendment #3

SFY 2021 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI		
Budget Request for: Peer Support Services		
Budget Period: SFY21 (7/1/20 through 6/30/21)		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	226,638
602	Employee Benefit	33,354
603	Payroll taxes	16,569
	Subtotal	
620	PROFESSIONAL FEES	
624	Accounting	7,318
625	Audit Fees	5,000
626	Legal Fees	
627	Other Professional Fees and Consultants	
	Subtotal	
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	
632	In-Service Training	3,000
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	
640	OCCUPANCY COSTS	
641	Rent	60,000
642	Mortgage Payments	
643	Heating Costs	
644	Other Utilities	
645	Maintenance and Repairs	
646	Taxes	
647	Other Occupancy Costs	
	Subtotal	
650	CONSUMABLE SUPPLIES	
651	Office	3,000
652	Building/Household	3,500
653	Rehabilitation/Training	
655	Food	2,500
657	Other Consumable Supplies	
	Subtotal	
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	
670	EQUIPMENT RENTAL	
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	1,500
710	PRINTING	1,500
720	TELEPHONE/COMMUNICATIONS	5,500
730	POSTAGE/SHIPPING	430
	Subtotal	
740	TRANSPORTATION	
741	Board Members	
742	Staff	1,500
743	Members and Participants	8,000
	Subtotal	
750	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
760	INSURANCE	
761	Malpractice & Bonding	900
762	Vehicles	4,000
763	Comprehensive Property & Liability	2,784
800	OTHER EXPENDITURES	0
801	INTEREST EXPENSE	
	Subtotal	
	TOTAL PROGRAM EXPENSES	\$387,091

Exhibit B-6 - Amendment #3

SFY 2022 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI		
Budget Request for: Peer Support Services		
Budget Period: SFY22 (7/1/21 through 6/30/22)		
Line/Item Budget Reference Number	Line/Item Budget Description	Total/Amount
600	PERSONNEL COSTS	
601	Salary & Wages	226,638
602	Employee Benefit	33,354
603	Payroll taxes	16,569
	Subtotal	
620	PROFESSIONAL FEES	
624	Accounting	7,316
625	Audit Fees	5,000
626	Legal Fees	
627	Other Professional Fees and Consultants	
	Subtotal	
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	
632	In-Service Training	3,000
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	
640	OCCUPANCY COSTS	
641	Rent	60,000
642	Mortgage Payments	
643	Heating Costs	
644	Other Utilities	
645	Maintenance and Repairs	
646	Taxes	
647	Other Occupancy Costs	
	Subtotal	
650	CONSUMABLE SUPPLIES	
651	Office	3,000
652	Building/Household	3,500
653	Rehabilitation/Training	
655	Food	2,500
657	Other Consumable Supplies	
	Subtotal	
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	
670	EQUIPMENT RENTAL	
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	1,500
710	PRINTING	1,500
720	TELEPHONE/COMMUNICATIONS	5,500
730	POSTAGE/SHIPPING	430
	Subtotal	
740	TRANSPORTATION	
741	Board Members	
742	Staff	1,600
743	Members and Participants	8,000
	Subtotal	
750	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
760	INSURANCE	
761	Malpractice & Bonding	900
762	Vehicles	4,000
763	Comprehensive Property & Liability	2,784
800	OTHER EXPENDITURES	0
801	INTEREST EXPENSE	
	Subtotal	
	TOTAL PROGRAM EXPENSES	\$387,091

State of New Hampshire

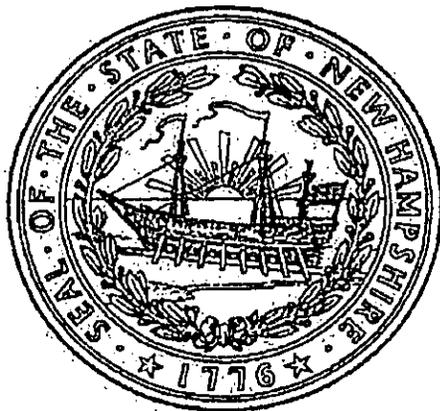
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA REGION VI is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on February 19, 2009. 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: 608796

Certificate Number: 0004926301.



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of June A.D. 2020.

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

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Tim Lopez, hereby certify that:

(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected President of the BOD's of H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called, and held on May 28, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

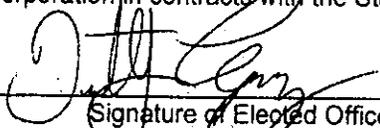
VOTED: That Claire Peddle; Treasurer of Board of Directors
(Name and Title of Contract Signatory)

is duly authorized on behalf of H.E.A.R.T.S. PSA to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 6/5/2020



Signature of Elected Officer
Name: Tim Lopez
Title: President of BOD's



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/08/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

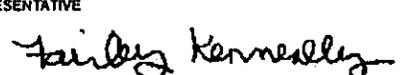
PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Fairley Kenneally PHONE (A/C, No, Ext): (603) 293-2791 FAX (A/C, No): (603) 293-7188 E-MAIL ADDRESS: fairley@esinsurance.net																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Great American Insurance Group</td> <td>GAIG</td> </tr> <tr> <td>INSURER B:</td> <td>FirstComp</td> <td>27628</td> </tr> <tr> <td>INSURER C:</td> <td>United States Liability Insurance Group</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Great American Insurance Group	GAIG	INSURER B:	FirstComp	27628	INSURER C:	United States Liability Insurance Group		INSURER D:			INSURER E:			INSURER F:	
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INSURER E:																					
INSURER F:																					
INSURED H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI P O Box 1564 Nashua NH 03061																					

COVERAGES **CERTIFICATE NUMBER:** 19-20 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PAC098773205	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ included \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			CAP 098773305	07/15/2019	07/15/2020	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
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC0112725-10	07/01/2019	07/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Directors & Officers Employment Practices			NDO2010584D	07/01/2018	07/01/2021	Directors & Officers \$1,000,000 EPLI \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
c Hartford Fire Insurance Company Commercial Crime Bond Policy Number: 04BDDGS5982 Policy term: 7/27/2017 - 7/27/2020 \$14,000 limit

CERTIFICATE HOLDER NH DHHS 129 Pleasant Street Concord NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI

Mission Statement

Our mission, as peers, is to support one another as people who are challenged by the daily effects of living with, coping with, and recovering from mental health issues. Everyone will be encouraged to develop relationships that will enable and empower each other to learn, to grow, and to understand each other's world view. In addition, our aim is to develop greater awareness of personal and relational patterns and to support and challenge each other through peer support, self-advocacy, empowerment, and education. Our ultimate goal is to achieve recovery and ongoing wellness.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
Years Ended June 30, 2019 and 2018

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ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

46 N. STATE STREET
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE (603) 228-5400
FAX # (603) 226-3532

MEMBER OF THE PRIVATE
COMPANIES PRACTICE SECTION

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
H.E.A.R.T.S. Peer Support Center of Greater Nashua
Nashua, New Hampshire

We have audited the accompanying financial statements H.E.A.R.T.S. Peer Support Center of Greater Nashua (a New Hampshire nonprofit corporation), which comprise the statement of financial position as of June 30, 2019 and the related statements of activities and changes in net assets, cash flows and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of H.E.A.R.T.S. Peer Support Center of Greater Nashua as of June 30, 2019 and the changes in its net assets, its cash flows and functional expenses for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited H.E.A.R.T.S. Peer Support Center of Greater Nashua's 2018 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 30, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Rowley & Associates, PC

Rowley & Associates, P.C.
Concord, New Hampshire
January 24, 2020

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2019 AND 2018

ASSETS	<u>2019</u>	<u>2018</u>
CURRENT ASSETS		
Cash and cash equivalents		
Operating	\$ -	\$ 4,170
BMHS refundable	11,313	38,013
Total cash and cash equivalents	<u>11,313</u>	<u>42,183</u>
Accounts receivable	31,840	9,025
Total Current Assets	<u>43,153</u>	<u>51,208</u>
PROPERTY AND EQUIPMENT, at cost	28,549	28,549
Less accumulated depreciation	<u>24,033</u>	<u>21,323</u>
	<u>4,516</u>	<u>7,226</u>
OTHER ASSETS		
Security deposit	<u>5,000</u>	<u>5,000</u>
 Total Assets	 <u>52,669</u>	 <u>63,434</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	7,326	889
Accrued expenses	7,985	6,105
Refundable advance, BMHS	13,301	26,941
Refundable advance, Crisis Respite	-	11,072
Other liabilities	140	140
Total Current Liabilities	<u>28,752</u>	<u>45,147</u>
NET ASSETS		
Net Assets Without Donor Restriction	23,917	18,287
Net Assets With Donor Restriction	<u>-</u>	<u>-</u>
Total Net Assets	<u>23,917</u>	<u>18,287</u>
Total Liabilities and Net Assets	<u>\$ 52,669</u>	<u>\$ 63,434</u>

See Independent Auditors' Report and Notes to Financial Statements

**H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
 STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
 YEARS ENDED JUNE 30, 2019 and 2018**

	<u>2019</u>	<u>2018</u>
REVENUES, GAINS AND OTHER SUPPORT		
Grant income	\$ 389,198	\$ 384,066
Donations	4,570	5,426
Program service revenue	6,423	-
Interest income	11	11
Total support and revenue	<u>400,202</u>	<u>389,503</u>
EXPENSES		
Program	334,788	340,940
Management & general	59,784	47,898
Total expenses	<u>394,572</u>	<u>388,838</u>
Increase in net assets	5,630	665
Net assets, beginning of year	<u>18,287</u>	<u>17,622</u>
Net assets, end of year	<u>\$ 23,917</u>	<u>\$ 18,287</u>

See Independent Auditors' Report and Notes to Financial Statements

**H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in net assets	\$ 5,630	\$ 665
Adjustments to reconcile excess of revenue and support over expenses to net assets provided by operating activities		
Depreciation	2,710	2,710
(Increase) decrease in operating assets		
Accounts receivable	(22,815)	(3,050)
Increase (decrease) in operating liabilities		
Accounts payable and accrued expenses	6,437	(694)
Accrued expenses	1,880	(509)
Refundable advances	<u>(24,712)</u>	<u>(11,188)</u>
Net Cash Provided (Used) By Operating Activities	<u>(30,870)</u>	<u>(12,066)</u>
CASH USED BY INVESTING ACTIVITIES,		
Purchases of property and equipment	<u>-</u>	<u>-</u>
Net Decrease in Cash and Cash Equivalents	(30,870)	(12,066)
Cash and Cash Equivalents, Beginning of Year	<u>42,183</u>	<u>54,249</u>
Cash and Cash Equivalents, End of Year	<u>\$ 11,313</u>	<u>\$ 42,183</u>

See Independent Auditors' Report and Notes to Financial Statements

**H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2019 WITH COMPARATIVE TOTALS FOR
THE YEAR ENDED JUNE 30, 2018**

	<u>Program Services</u>	<u>Management & General</u>	<u>Total 2019</u>	<u>2018</u>
Salaries and wages	\$ 198,981	\$ 29,733	\$ 228,714	\$ 207,329
Employee benefits	17,820	2,663	20,483	22,407
Payroll taxes	16,389	2,449	18,838	17,915
Rent	52,200	7,800	60,000	60,000
Accounting fees	-	13,310	13,310	13,006
Training	11,236	-	11,236	19,067
Insurance	10,847	705	11,552	11,961
Client travel and transportation	5,738	-	5,738	10,390
Telephone	4,689	145	4,834	4,882
Building and household supplies	4,994	-	4,994	4,141
Office supplies and equipment	-	2,413	2,413	4,227
Client food	2,432	-	2,432	3,281
Member support	2,799	-	2,799	1,531
Advertising and promotion	1,005	-	1,005	772
Staff travel and transportation	2,948	-	2,948	3,566
Other expenses	-	37	37	490
Printing	-	296	296	933
Postage and shipping	-	233	233	230
Depreciation	2,710	-	2,710	2,710
	<u>\$ 334,788</u>	<u>\$ 59,784</u>	<u>\$ 394,572</u>	<u>\$ 388,838</u>

See Independent Auditors' Report and Notes to Financial Statements

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 1 NATURE OF ORGANIZATION

H.E.A.R.T.S. Peer Support Center of Greater Nashua (the Organization) is a New Hampshire nonprofit organization corporation providing support to people who are challenged by the daily effects of living with, coping with and recovering from mental health issues. Program support is derived primarily from fee for service contracts through the State of New Hampshire.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of the Organization is presented to assist in understanding the organization's financial statements. The financial statements and notes are representations of the Organization's management who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The financial records for the Organization are maintained on the accrual basis of accounting. Consequently, revenues are recognized when earned and expenses are recognized when incurred.

Basis of Presentation

Basis of Presentation: The Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

The organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions - These net assets generally result from revenues generated by receiving contributions that have no donor restrictions, providing services, and receiving interest from operating investments, less expenses incurred in providing program-related services raising contributions, and performing administrative functions.

Net assets with donor restrictions - These net assets result from gifts of cash and other assets that are received with donor stipulations that limit the use of the donated assets, either temporarily or permanently, until the donor restriction expires, that is until the stipulated time restriction ends or the purpose of the restriction is accomplished, the net assets are restricted.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash equivalents

For purposes of the statement of cash flows, the Organization considers cash on hand, deposits in banks and investments to be cash equivalents.

Support and revenue

H.E.A.R.T.S. Peer Support Center of Greater Nashua receives support primarily through grants from the Federal Government and the State of New Hampshire.

Property and Equipment

Property and equipment are recorded at cost of purchase or, if contributed, at fair market value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulation, contributions of property and equipment are recorded as unrestricted support. Depreciation is computed on the Modified Accelerated Cost Recovery System (MACRS) and on the straight-line basis over the useful lives of the assets as listed below. Depreciation expense was \$2,710 and \$2,710 for the years ended June 30, 2019 and 2018, respectively. Expenditures for repairs and maintenance are expensed when incurred.

Furniture & Fixtures	7 Years
Office Equipment	5-7 Years
Vehicles	5 Years

As of June 30, 2019 and 2018, property and equipment consisted of vehicles only.

Functional allocation of items

The costs of providing various program, management and rental services have been summarized in the statement of activities. Accordingly, certain costs have been allocated among the programs.

Cost Allocation

Certain categories of expenses are attributable to more than one program or supporting function and are allocated on a reasonable basis that is consistently applied. The expenses that are allocated are compensation and insurances, which are allocated on the basis of estimates of time and effort; occupancy costs, which are allocated on a square footage basis; and supplies and telephone costs, which are allocated based on usage studies.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounts Receivable

Accounts receivable are comprised of amounts due from customers for services provided. The Organization considers accounts receivable to be fully collectible; accordingly, no allowance for doubtful accounts has been established. If accounts become uncollectible, they will be charged to operations when that determination is made. Collections on accounts previously written off are included in revenue as received.

Advertising costs

The Organization expenses advertising costs as they are incurred. Advertising expense was \$1,005 and \$772 for the years ended June 30, 2019 and 2018, respectively.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Income tax status

The Organization has been notified by the Internal Revenue Service that it is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code. The Organization is further classified as an organization that is not a private foundation under Section 509(a)(3) of the Code. The most significant tax positions of the Organization are its assertion that it is exempt from income taxes and its determination of whether any amounts are subject to unrelated business tax (UBIT). The Organization follows guidance of Accounting Standards Codification (ASC) 740, Accounting for Income Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than not for recognition of tax positions taken or expected to be taken in a tax return. All significant tax positions have been considered by management. It has been determined that it is more likely than not that all tax positions would be sustained upon examination by taxing authorities. Accordingly, no provision for income taxes has been recorded.

In-Kind Contributions

In-kind contributions are recorded at fair market value and recognized as revenue in the accounting period in which they are received. Volunteers, mainly board members, donate time to the Organization's program services. These services are not included in donated materials and services because the value has not been determined.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Donated Materials and Services

It is the intent of the Organization to record the value of donated goods and services when there is an objective basis available to measure their value. For the years ended June 30, 2019 and 2018, there were no donated goods or services.

Comparative Financial Information

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2018, from which the summarized information was derived.

Financial Instruments

The carrying value of cash and cash equivalents, accounts receivable, accounts payable and accrued expenses are stated at carrying cost at June 30, 2019 and 2018, which approximates fair value due to the relatively short maturity of these instruments.

New Accounting Pronouncement

During the year ended June 30, 2019, the Organization adopted the requirements of the Financial Accounting Standards Board's Accounting Standards Update No. 2016- 14— Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities (ASU 2016- 14). This Update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return between not-for-profit entities. A key change required by ASU 2016-14 is the net asset classes used in these financial statements. Amounts previously reported as unrestricted net assets are now reported as net assets without donor restrictions and amounts previously reported as temporarily restricted net assets and permanently restricted net assets are now reported as net assets with donor restrictions.

The accompanying information from the 2018 financial statements has been restated to conform to the 2019 presentation and disclosure requirements of ASU 2016-14.

Reclassifications

Certain financial statement and note information from the prior year financial statements has been reclassified to conform with current year presentation format.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 3 SUBSEQUENT EVENTS

Management has evaluated subsequent events through January 24, 2020, the date on which the financial statements were available to be issued, to determine if any are of such significance to require disclosure. It has been determined that no subsequent events matching this criterion occurred during this period.

NOTE 4 CONCENTRATION OF CREDIT RISK

Economic Dependency

The Organization currently receives grant funds from the State of New Hampshire Bureau of Mental Health Services. These funds are the primary source of the Organization's support. If a significant reduction or delay in the level of support were to occur, it would have an adverse effect on the Organization's programs and activities. For the years ended June 30, 2019 and 2018, the State grants made up 99% and 99% of the Organization's total support.

Cash Balances

The Organization maintains cash balances in several accounts at local banks. These accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At various times throughout the year, the Organization may have cash balances at the financial institution that exceeds the insured amount. Management does not believe this concentration of cash results in a high level of risk for the Organization. At June 30, 2019 and 2018 the Organization had no uninsured cash balances.

NOTE 5 LEASES

The Organization leases office space under the terms of a non-cancellable lease agreement. The Organization was a tenant at will from July 1, 2019 to December 31, 2019. The Organization entered a new lease agreement beginning January 1, 2020 and expiring in one year on December 31, 2020. Rent expense related to this agreement was \$60,000 for the years ended June 30, 2019 and 2018, respectively. Future minimum rent expense for the years ended June 30 are:

2020:	\$ 30,000
2021:	<u>30,000</u>
	<u>\$ 60,000</u>

NOTE 6 COMPENSATED ABSENCES

The Organization has accrued a liability for future compensated vacation leave time that its employees have earned and which is vested with the employees. Accrued vacation time as of June 30, 2019 and 2018 was \$3,373 and \$1,644 respectively.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 7 REFUNDABLE ADVANCES

Under the terms of the service agreement with the Bureau of Mental Health (BMHS), a division of the State of New Hampshire's Department of Health and Human Services, the Organization is required to segregate amounts received in excess of allowable expenses. Funds set aside in accordance with this requirement amounted to \$13,301 and \$26,941 for the years ended June 30, 2019 and 2018, respectively.

The Organization is also required to segregate amounts received in excess of allowable expenses specifically for crisis respite. Funds set aside in accordance with this requirement amounted to \$0 and \$11,072 for the years ended June 30, 2019 and 2018, respectively.

NOTE 8 FAIR VALUE MEASUREMENTS

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Organization is required to disclose certain information about its financial assets and liabilities. Fair values of assets measured on a recurring basis at June 30 were as follows:

	Fair Value	Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant other Observable inputs (Level 2)
<u>2019</u>			
Accounts Receivable	<u>\$ 31,840</u>	<u>\$ -</u>	<u>\$ 31,840</u>
<u>2018</u>			
Accounts Receivable	<u>\$ 9,025</u>	<u>\$ -</u>	<u>\$ 9,025</u>

The fair value of accounts receivable are estimated at the present value of expected future cash flows.

NOTE 9 RETIREMENT PLAN

The Organization implemented an employee IRA plan for full time employees. The State of New Hampshire approves the allocation of retirement funds and reimburses the Organization for the expenses. Eligible employees do not make salary reduction contributions. The Organization made \$2,110 and \$2,110 in retirement contributions for the years ended June 30, 2019 and 2018, respectfully.

NOTE 10 BOARD DESIGNATED NET ASSETS

The Organization has no board designated net assets as of June 30, 2019.

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 11 LIQUIDITY & AVAILABILITY OF FINANCIAL ASSETS

The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization's primary source of support is grants. That support is held for the purpose of supporting the Organization's budget. The Organization had the following financial assets that could be readily made available within one year to fund expenses without limitations:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 11,313	\$ 42,183
Accounts receivable	<u>31,840</u>	<u>9,025</u>
	<u>43,153</u>	<u>51,208</u>
Less amounts:		
Funds required to be maintained under State agreement		
BMHS:	13,301	26,941
Crisis Respite:	<u>-</u>	<u>11,072</u>
	<u>13,301</u>	<u>38,013</u>
	<u>\$ 29,852</u>	<u>\$ 13,195</u>

H.E.A.R.T.S. PEER SUPPORT CENTER OF GREATER NASHUA
STATEMENT OF ACTIVITIES
BY STATE APPROVED BMHS FUNDS
YEAR ENDED JUNE 30, 2019

	State Approved BMHS Funds	Non-BMHS Funds	Total
REVENUES, GAINS AND OTHER SUPPORT			
Grant income, current year	\$ 364,486	\$ -	\$ 364,486
Grant income, prior year release	24,712	-	24,712
Donations	-	4,570	4,570
Program service revenue	-	6,423	6,423
Interest income	11	-	11
Total support and revenue	<u>389,209</u>	<u>10,993</u>	<u>400,202</u>
EXPENSES			
Salaries and wages	228,714	-	228,714
Employee benefits	20,483	-	20,483
Payroll taxes	18,838	-	18,838
Rent	60,000	-	60,000
Accounting fees	13,310	-	13,310
Training	11,236	-	11,236
Insurance	11,552	-	11,552
Client travel and transportation	5,738	-	5,738
Telephone	4,834	-	4,834
Building and household supplies	4,994	-	4,994
Office supplies and equipment	2,413	-	2,413
Client food	2,432	-	2,432
Member support	146	2,653	2,799
Advertising and promotion	1,005	-	1,005
Staff travel and transportation	2,948	-	2,948
Other expenses	37	-	37
Printing	296	-	296
Postage and shipping	233	-	233
Depreciation	-	2,710	2,710
Total expenses	<u>389,209</u>	<u>5,363</u>	<u>394,572</u>
Net Increase in Net Assets	-	5,630	5,630
Net assets, beginning of year	<u>-</u>	<u>18,287</u>	<u>18,287</u>
Net assets assets, end of year	<u>\$ -</u>	<u>\$ 23,917</u>	<u>\$ 23,917</u>

See Independent Auditors' Report and Notes to Financial Statements

H.E.A.R.T.S.
Board of Directors
February 28, 2020

President:

Tim Lopez



Joined 7/16/2016

Term #2, Term Length: 2 years

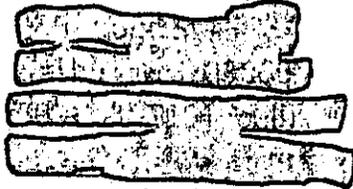
Term Expiration: 6/30/2021

Vice President:

Vacant

Treasurer:

Claire Peddle



Joined 5/17/2012

Term #4, Term Length: 2 years

Term Expiration: 6/30/2021

Secretary:

Stacie Laughton



Joined 11/20/2014

Term #1, Term Length: 1 year

Term Expiration: 6/30/2020

Board Members: Pat Worsley

[REDACTED]
[REDACTED]
[REDACTED]

Joined 9/15/2011

Term #5, Term Length: 1 years

Term Expiration: 6/30/2020

Scott Wellman

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Joined 6/19/2014

Term #4, Term Length: 1 years

Term Expiration: 6/30/2020

Ed Bowman

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Joined 05/31/2018

Term #2, Term Length: 1 years

Term Expiration: 6/30/2020

Martha Perricone

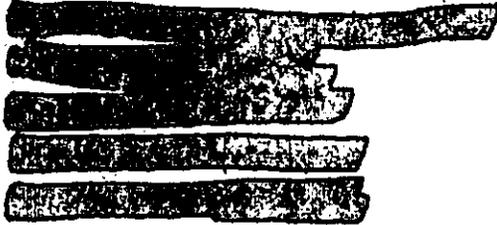
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Joined 08/22/2018

Term #2 Term Length: 1 years

Term Expiration: 6/30/2020

Nicole Rochon

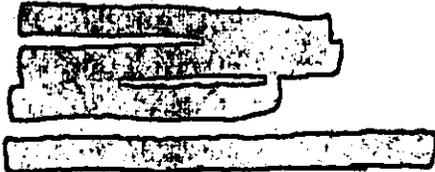


Joined 9/28/2018

Term #2, Term Length: 1 years

Term Expiration: 6/30/2020

Nick Perricone



Joined 02/27/2020

Term #1 Term Length: 1 years

Term Expiration: 6/30/2020

Kenneth Lewis

PROFESSIONAL PROFILE

Executive Director with 5+ years experience gaining an understanding of the full workings of this Trauma Informed, Intentional Peer Support agency. Successfully and compassionately performed all duties by incorporating personal experiential knowledge with formal peer-support training. Current duties include:

- Skilled preparation of presentations, preparing agency reports and maintaining the utmost confidentiality
- Adept at coordination and communication
- Possess comprehensive knowledge of Microsoft Word, Excel, and Outlook
- Meets all DBH filing and reporting procedures

PROFESSIONAL EXPERIENCE

H.E.A.R.T.S. Peer Support Center of the Greater Nashua Region VI
Executive Director, 2009 – present

- Read and analyze memos, submissions and reports to determine their significance and plan their distribution
- Conduct research, compile data, and prepare contractual reports & other materials as requested for the BBH and Board of directors.
- Coordinate and direct agency services, greater community awareness of this peer support adult wellness center and the offerings, facilitate accurate record keeping, manage State & private funding, financial oversight, budget preparation, personal issues, staff development and training, always creating opportunities for membership to exercise their "ownership" of HEARTS and this peer community including member's personal development, relationship skills, leadership skills and wellness training/education.
- Possess ability to wear the hat of Executive Director as well as the hat of Member, simultaneously.

Connections at Harbor Homes, Nashua, New Hampshire
Program Manager, 2007 – 2009

- Responsible for the day-to-day supervision and operation of the peer support and information resource program for Harbor Homes, a community mental health center.
- Possess knowledge of available services and proved proficient in referring mentally challenged individuals to the proper agencies and resources.
- Duties included but not limited to; daily supervising staff, volunteers, and members utilizing this peer environment, assuring facility's operational safety.
- Track data necessary for grant outcomes, supported the creation and organization new program emphasizing peer support, organizing and facilitating wellness groups using Intentional Peer Support and WRAP training methods.
- Responsible for evolving the peer support program to becoming it's own independent 501c3, Peer Support Center along with an Interim Board of Directors and reporting all facets to the Bureau of Behavioral Health.

Connections at Harbor Homes, Nashua, New Hampshire
Program Coordinator, 2005 – 2007

- Assisted the Program Manager in the day-to-day supervision and operation of the Peer Support/Information Resource Program for Harbor Homes, gaining full knowledge of this agency's operations and services.

EDUCATION

New Hampshire Technical College, Nashua, NH

Certification

- 2005 – 2007 Deaf Culture I, II
- 2005 - 2007 American Sign Language I, II, III VI

Kenneth Lewis

EDUCATION

State of New Hampshire, Bureau of Behavioral Health, Peer Support Contract Training

2007 – Present Peer Support Trainings:

- Certified in Intentional Peer Support and Intentional Peer Support Co-Supervision
- Certified in WRAP
- Substance Abuse State of New Hampshire Training
- Planting the Seeds for Health and Wholeness Training
- Smoking Cessation Program
- Certified in SOAR Program
- Certified in First-Aid and CPR
- Continued education in American Sign Language
- Safe Food Handling Class from New Hampshire Food Bank, Manchester, NH.
- Administrator Training
- Members Rights and Responsibilities Workshop
- Sexual Harassment Education

ADDITIONAL SKILLS

2003-2005 Machine Operator/NC Operator at Sanmina-Science Corp. in Wilmington, MA

2002-2003 Assistance Manager at Spring Glow Services in Oroville, CA

1998-2002 Craftsman-Pipe Fitter/Boilermaker at NEPCO Corp. in Sacramento, CA

1989-1998 Engineering Technician at HADCO Corp. in Hudson, NH

1986-1989 Incoming Inspection QA/QC at Digital Corp. in Nashua, NH

1984-1986 Electronic Technician at Wang Corp. in Haverhill, MA

1983-1984 Electronic Technician at Lockheed/Sanders in Nashua, NH



H.E.A.R.T.S.

Peer Support & Crisis Respite Center of Greater Nashua Area Region VI

Reports To:

Board of Directors

Supervised By:

President and Members of the Board

Goals:

As the Executive Director I shall provide oversight of all day to day operational functions of H.E.A.R.T.S. PSA. The Executive Director shall encourage the development of an environment that will foster Peer Support, Peer Support Activities, and Respect of the Dignity and safety of all Members, Staff and visitors.

Responsibilities:

1. Provide oversight of all functions of H.E.A.R.T.S. PSA using appropriate delegation skills to accomplish this responsibility.
2. Implement Board Policies.
3. Attend Board Meetings and act as a resource to the Board in its deliberations.
4. Provide a monthly report to the Board of Directors on issues and Peer Support Activities.
5. To keep the Board of Directors informed of any substantial issues of concern.
6. Provide supervision of staff as designated.
7. Provide oversight of the fiscal affairs of H.E.A.R.T.S. PSA.
8. To judiciously monitor revenues and expenses with of the Financial Manager.
9. To develop with the assistance of the Financial Manager the Operational Budget of H.E.A.R.T.S. PSA.
10. To develop alternate sources of revenue.
11. To insure the policies and procedures stipulated in the Fiscal Manual are implemented and maintained.
12. To provide leadership in the development of Programs that supports the principles and concepts of Peer Support.
13. To practice, Educate and Promote Wellness and Recovery and Alternate Treatments.
14. To stay current with Developments in Peer Support Curriculum and Research.
15. To promote Community Relations, Public and Media Relations.
16. To Attend Directors Meetings with other PSA Directors.
17. To Attend, Participate and Represent H.E.A.R.T.S. PSA at meetings, presentations, trainings and conferences focused on aspects of Peer Support.

Responsibilities:

18. To develop collaborations with other Mental Wellness Groups, attend collaborative meetings and other related events.
19. To develop in collaboration with the President of the Board quarterly Performance Goals.
20. To perform other responsibilities assigned by the Board not specifically described in this job description.

Qualifications:

The Executive Director shall:

1. Possess a minimum of Bachelor's Degree from an accredited Institution of Higher Learning, or experience equivalence to four of employment to related field.
2. Demonstrated skills and/or experience in Operational Management, Administration and Supervision, preferably in the Not-for-Profit sector.
3. Demonstrated skill and/or experience in Personnel Management.
4. Demonstrated skills and/or experience in Fiscal Management.
5. Demonstrated skills and/or experience in Program Development.
6. A knowledge, understanding, experience and sensitivity to the issues facing individuals with mental wellness issues.
7. Training or a commitment to be trained in Intentional Peer Support As well as W.R.A.P.
8. Demonstrate computer skills sets especially, Word, Excel, Power Point and Publisher programs.
9. Demonstrated skills and/or experience in making Public Presentations:

Position Classification:

Salaried, full time exempt regular employee, See Personnel Policy II 2.1

Performance Evaluation:

The Executive Director shall be evaluated at the discretion of the Board a minimum of one time annually.

Recipients of the Greater Nashua Mental Health Center Leadership Award 2012



H.E.A.R.T.S. Peer Support Center of Greater Nashua Area Region VI
(Hope, Empowerment, Advocacy, Recovery, Towards, Support)
An Adult Educational Wellness Center

Crisis Respite
Job Description
Peer Support Respite Staff

Name: Ken Lewis
Position: Director
Salary: To split time with PSC's Salary
Hours: Hours may vary-week to week
Supervisor: BOD's

Requirements:

- Personal experience with mental health issues & managing your own wellness
- Model Intentional Peer Support
- Ability to demonstrate empathy for peers
- Basic reading & writing skills
- Ability to learn new skills
- Facilitating skills
- Certified in WRAP
- Be able to work with guest(s) on a WRAP Daily Maintenance Plan
- Certified in IPS
- Certified in IPS Peer Support Crisis Respite Care
- To participate in all Staff Trainings
- Be able to have peer support based discussions with one or two guests
- Facilitate positive discussions with guests
- Encourage and support guests to participate in center activities
- Be able to complete guest paper work upon arrival that is legible
- Be completely familiar with all Respite forms
- Be able to take legible notes to share at shift change
- Ability to supervise and support staff and help coordinate shift schedules
- Provide and insure other staff shift communication and co-supervisions
- Oversee all daily functions of program and oversee all staff.

The above tasks are a sample of the responsibilities that need to be fulfilled but are not limited to the above tasks. The BOD's may require additional tasks as problems or different circumstances present themselves.

Staff Signature _____

Executive Director _____

BOD's President _____

Tom Doucette

To

Objectives

Would like to work with my peers to learn and grow in a safe non-judgmental environment.
To be able to share lived experience.

Experience

Date of Employment : July 7, 2010
H.E.A.R.T.S. Peer Support Center and Crisis Respite Center Nashua, NH 03060

Job Title

Assistant Executive Director

Experience

Connections 2005-2009
Harbor Homes
Nashua, NH 03060

Job Title

Assistant Program Manager

- Provided peer support to members and resources (shelter, food, state and local services) available to the members. Sign-up new members and Input stats.

Experience

1996-2000 Date
AAA Plating, Inc.
East Providence, RI

Job Title

President/Owner
Complete operation of the Corporation.

Experience

1992-1996
AA Plating and Equipment, Inc.
Providence, RI

Job Title

President/Owner

Professional Experience

Served committee that worked on the ten year plan, Team I with Representative Jim MacKay
Served on numerous State committees on mental health

Academic Experience

IPS 101
IPS CORE Training
IPS Co-Reflection
IPS Crisis Respite Training
IPS Crisis Respite Refresher
Facilitator of WRAP
WRAP Refresher
Advanced Level Facilitator of WRAP
State Trainer of WRAP

State Trainings

WRAP Overview
WRAP Facilitator Training's
WRAP Facilitator Refresher's



H.E.A.R.T.S.

Peer Support & Crisis Respite Center of Greater Nashua Area Region VI

Reports To:

Executive Director

Supervised By:

Executive Director

Goals:

To encourage members of H.E.A.R.T.S. PSA to actively participate in Peer Support Activities. To provide supervision and mentoring of all Peer Support Programs Assisting Staff using positive modeling techniques in the implementation of Principles of Exemplary Peer Support. The Assistant Director will assist the Executive Director in establishing and development of an environment conducive to Peer Support.

Responsibilities:

1. To present Power Point presentations to organizations as recommended by the Community Relations Committee to the Director when Executive Director is unavailable.
2. To insure input of statistical data and submit to Executive Director before the 10th working day of the following month. Quarterly statistical data to be submitted to Executive Director before on or before the 5th working day of the first month of next quarter.
3. To act as member/staff point person in the intake and interview process of the new members insuring the completeness of the intake process.
4. To facilitate Peer Groups serving as a model for Members/Staff to emulate the Principles of Excellence in Intentional Peer Support.
5. To provide direct supervision of Members and Member/Staff to insure contract compliance and performance excellence.
6. To resolve issues of conflict, complaint or incident between Member/Staff and Member/Staff, Member and Member, Member/Staff and Member once an effort has been made by each party at a direct level using the principles of peer support.
7. To actively solicit participation, seek program feedback from members and to conduct needs assessments to further develop programs. To present recommendations to the Executive Director based on the data obtained from these sources.
8. To provide the Executive Director with copies of any and all action taken related to issues of conflict, complaint or incident.
9. To complete periodic Performance Reviews of Member/Staff.
10. To meet with, confer and discuss Performance Reviews with individual Member/Staff and the Executive Director.
11. To provide the Executive Director with appropriately signed Performance Reviews, Letters of Commendation, and Recommendation or Disciplinary action.

12. To make recommendations to the Executive Director regarding employment retention, advancement or termination.
13. To provide information and make recommendations for program development to Executive Director so (s) he can make informed decisions.
14. To assist in the documentation of all pertinent program information necessary for the completion of Bureau of Behavioral Health reports.

Responsibilities:

15. To oversee the Members with the monthly Newsletter for the general membership and distribution of the Newsletter to all those who are listed to inform and promote agency.
16. To review the supply list to be presented to the Executive Director for approval.
17. To inform the Executive Director of any developments that may have an impact on the Mission of H.E.A.R.T.S. PSA.
18. To keep current with Peer Support skills and attend trainings as asked by the Executive Director and to comply with Federal and State Laws, requirements, and contractual agreements.
19. To complete any other job related functions as ask by the Executive Director not specifically described in this Job Description.

Qualifications:

The Executive Director shall have demonstrated expertise in Intentional Peer Support. The Assistant Executive Director shall be certified in Intentional Peer Support, W.R.A.P. or working on said certification.

Position Classification:

This position, with the approval of BBH, shall be a salaried, exempt full time regular employee. For details regarding a full time regular employee please refer to the Personnel Policy Article II 2.1

Performance Evaluation:

The Assistant Executive Director shall have annual Performance Evaluations. The Executive Director shall perform the evaluations.

Recipients of the Greater Nashua Mental Health Center Leadership Award 2012



H.E.A.R.T.S. Peer Support Center of Greater Nashua Area Region VI
(Hope, Empowerment, Advocacy, Recovery, Towards, Support)
An Adult Educational Wellness Center

Crisis Respite
Job Description
Peer Support Respite Staff

Name: Tom Doucette
Position: Assistant Director
Salary: To split time with PSC's Salary
Hours: Hours may vary week to week
Supervisor: Executive Director

Requirements:

- Personal experience with mental health issues & managing your own wellness
- Model Intentional Peer Support
- Ability to demonstrate empathy for peers
- Basic reading & writing skills
- Ability to learn new skills
- Facilitating skills
- Certified in WRAP
- Be able to work with guest(s) on a WRAP Daily Maintenance Plan
- Certified in IPS
- Certified in IPS Peer Support Crisis Respite Care
- To participate in all Staff Trainings
- Be able to have peer support based discussions with one or two guests
- Facilitate positive discussions with guests
- Encourage and support guests to participate in center activities
- Be able to complete guest paper work upon arrival that is legible
- Be completely familiar with all Respite forms
- Be able to take legible notes to share at shift change
- Ability to supervise and support staff and help coordinate shift schedules
- Provide and insure other staff shift communication and co-supervisions
- Oversee all daily functions of program and oversee all staff.

The above tasks are a sample of the responsibilities that need to be fulfilled but are not limited to the above tasks. The Executive Director may require additional tasks as problems or different circumstances present themselves.

Staff Signature _____

Executive Director _____

BOD's President _____

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Ken Lewis	Executive Director	\$42,016.00	100 %	\$42,016.00
Tom Doucette	Assistant Director	\$31,886.00	100 %	\$31,886.00

**New Hampshire Department of Health and Human Services
Peer Support Services**



**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Peer Support Services Contract**

This 3rd Amendment to the Peer Support Services contract (hereinafter referred to as "Amendment #3") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lakes Region Consumer Advisory Board, (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 328 Union Avenue, Laconia, NH 03247.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2016, (Item #23), as amended on June 20, 2018, (Item #33B), and on June 19, 2019, (Item #28), 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 or terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18 and Exhibit C-1, Revisions to General Provisions, Paragraph 3, the Contract may be amended and extended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

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 1.7, Completion Date to read:
June 30, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,036,620.
3. Exhibit A – Amendment #2, Scope of Services, Section 1., Subsection 1.5., to read:
1.5. RESERVED
4. Modify Exhibit A – Amendment #2, Scope of Services, Section 3., Subsection 3.1. Peer Support Services, Paragraph 3.1.1., Subparagraph 3.1.1.2. to read:
 - 3.1.1.2. Maintaining a safe physical location that:
 - 3.1.1.2.1. Is open a minimum total of forty-four (44) hours per week, eight (8) hours per day, five days per week and four (4) hours on one (1) additional day per week at each location; and
 - 3.1.1.2.2. Provides face-to-face or telephone peer support services to peer support agency members or others who contact the peer support agency at a minimum of forty (40) hours per week at each location.
5. Modify Exhibit A – Amendment #2, Scope of Services, Section 11. Reporting, Subsection 11.3., to read:
 - 11.3. The Contractor shall provide to the Department by the fifteenth (15th) day of the month following the end of each quarter, the prior quarter's Board of Director meeting minutes, with all attachments, including, but not limited to, the Executive Director's report and Board

**New Hampshire Department of Health and Human Services
Peer Support Services**



of Directors' Roster.

6. Modify Exhibit A – Amendment #2, Scope of Services, Section 11. Reporting, Subsection 11.5., to read:
 - 11.5. The Contractor shall submit a quarterly written report to the Department, on a form supplied by the Department, no later than the fifteenth (15th) day of the month following the quarter regarding:
 - 11.5.1. Community outreach activities as outlined in Section 12., Deliverables, Subsection 12.3.
 - 11.5.2. Compilation of program evaluation and surveys submitted in the past quarter.
 - 11.5.3. Quarterly peer support service deliverables as identified on templates provided by the Department.
 - 11.5.4. Quarterly statistical data including, but not limited to:
 - 11.5.4.1. The total number of unduplicated participants served on a daily basis.
 - 11.5.4.2. The total number of current members, defined as only those members who have been served within the past year.
 - 11.5.4.3. Program utilization totals by percentage.
 - 11.5.4.4. Number and description of outreach activities.
 - 11.5.4.5. Number of telephone peer support contacts.
 - 11.5.4.6. Number and description of educational events provided:
 - 11.5.4.6.1. On-site; and
 - 11.5.4.6.2. In the community.
7. Add Exhibit A – Amendment #2, Scope of Services, Section 12. Deliverables, Subsection 12.1., Paragraph 12.1.6., to read:
 - 12.1.6. Five (5) of these hours may be conducted in the center's community or region, as approved by the Department.
8. Add Exhibit A – Amendment #2, Scope of Services, Section 13. Quality Improvement, Subsection 13.5., to read:
 - 13.5. The Contractor shall provide all requested audits within ten (10) days of receiving the request from the Department.
9. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 5., to read:
 5. Subsequent to the action in Section 4., the Department shall make monthly payments to the Contractor based upon cost reimbursement, as submitted by the Contractor to maintain services and as approved by the Department, of the Department approved budget amounts in Exhibit B-1 Budget Form through Exhibit B-6 Amendment #3 SFY 2022 Budget.
 - 5.1. In no event shall the total of the initial payment in Section 4. and monthly payments in Section 5. exceed the budget amounts set forth in Section 5.
 - 5.2. The Department will adjust monthly payments for expenditures set forth in Section 9., below and amounts paid to initiate services in Section 4., above.

**New Hampshire Department of Health and Human Services
Peer Support Services**



- 5.2. Expenditures shall be in accordance with the budgets identified in Section 5., as approved by the Department.
- 5.3. Allowable costs and expenses shall be determined by the Department, in accordance with applicable state and federal laws and regulations.
10. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 6., to read:
 6. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
11. Modify Exhibit B-4 by deleting its content in its entirety and replacing it with Exhibit B-4 Amendment #3, SFY 2020 Budget, which is attached hereto and incorporated by reference herein..
12. Add Exhibit B-5 – Amendment #3, SFY 2021 Budget, which is attached hereto and incorporated by reference herein.
13. Add Exhibit B-6 – Amendment #3, SFY 2022 Budget, which is attached hereto and incorporated by reference herein.

**New Hampshire Department of Health and Human Services
Peer Support Services**



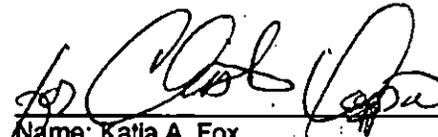
All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #3 remain in full force and effect. This amendment shall be effective upon the date of Governor and Executive Council approval.

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

5-27-2020

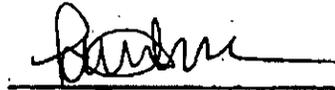
Date


Name: Katja A. Fox
Title: Director

Lakes Region Consumer Advisory Board

5-28-2020

Date


Name: Patricia Mahon
Title: Co-President

**New Hampshire Department of Health and Human Services
Peer Support Services.**



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

OFFICE OF THE ATTORNEY GENERAL

6/1/20

Date

1st Christen Lavers

Name:

Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

Exhibit B-4 - Amendment #3

SFY 2020 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: Lakes Region Consumer Advisory Board, Inc.		
Budget Request for: Peer Support Services		
Budget Period: SFY20 (7/1/20 through 6/30/21)		
Line Item Reference Number	Budget Description	Total Amount
600	PERSONNEL COSTS	
626	Legal Fees	0
627	Other Professional Fees and Consultants	0
	Subtotal	8,750
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	500
632	In-Service Training	3,000
633	Conferences and Conventions	0
634	Other Staff Development	0
	Subtotal	3,500
640	OCCUPANCY COSTS	
641	Rent	26,664
642	Mortgage Payments	0
643	Heating Costs	5,500
644	Other Utilities	7,045
645	Maintenance and Repairs	3,450
646	Taxes	0
647	Other Occupancy Costs	500
	Subtotal	43,159
650	CONSUMABLE SUPPLIES	
651	Office	4,000
652	Building/Household	3,000
653	Rehabilitation/Training	0
655	Food	1,777
657	Other Consumable Supplies	0
	Subtotal	8,777
	Other Expenses	
660	CAPITAL EXPENDITURES	0
665	DEPRECIATION	0
670	EQUIPMENT RENTAL	4,235
680	EQUIPMENT MAINTENANCE	0
700	ADVERTISING	2,000
710	PRINTING	400
720	TELEPHONE/COMMUNICATIONS	11,312
730	POSTAGE/SHIPPING	300
	Subtotal	18,247
740	TRANSPORTATION	
741	Board Members	200
742	Staff	8,500
743	Members and Participants	4,052
	Subtotal	12,752
750	Assistance to Individuals	
751	Client Services	0
752	Clothing	0
	Subtotal	0
760	INSURANCE	
761	Malpractice & Bonding	1,585
762	Vehicles	4,055
763	Comprehensive Property & Liability	4,818
800	OTHER EXPENDITURES	2,000
801	INTEREST EXPENSE	0
	Subtotal	12,458
	TOTAL PROGRAM EXPENSES	\$343,661.50

Exhibit B-5 - Amendment #3

SFY 2021 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: <u>Lakés Region Consumer Advisory Board, Inc.</u>		
Budget Request for: <u>Peer Support Services</u>		
Budget Period: <u>SFY21 (7/1/20 through 6/30/21)</u>		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	188,120
602	Employee Benefit	33,525
603	Payroll taxes	14,391
	Subtotal	236,036
620	PROFESSIONAL FEES	
624	Accounting	0
625	Audit Fees	8,750
626	Legal Fees	0
627	Other Professional Fees and Consultants	0
	Subtotal	8,750
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	210
632	In-Service Training	3,000
633	Conferences and Conventions	0
634	Other Staff Development	0
	Subtotal	3,210
640	OCCUPANCY COSTS	
641	Rent	28,800
642	Mortgage Payments	0
643	Heating Costs	5,742
644	Other Utilities	4,330
645	Maintenance and Repairs	3,300
646	Taxes	0
647	Other Occupancy Costs	400
	Subtotal	42,572
650	CONSUMABLE SUPPLIES	
651	Office	3,500
652	Building/Household	3,500
653	Rehabilitation/Training	0
655	Food	1,500
657	Other Consumable Supplies	0
	Subtotal	8,500
	Other Expenses	
660	CAPITAL EXPENDITURES	0
665	DEPRECIATION	0
670	EQUIPMENT RENTAL	4,235
680	EQUIPMENT MAINTENANCE	0
700	ADVERTISING	900
710	PRINTING	950
720	TELEPHONE/COMMUNICATIONS	9,500
730	POSTAGE/SHIPPING	350
	Subtotal	15,935
740	TRANSPORTATION	
741	Board Members	150
742	Staff	7,800
743	Members and Participants	2,000
	Subtotal	9,950
750	Assistance to Individuals	
751	Client Services	0
752	Clothing	0
	Subtotal	0
760	INSURANCE	
761	Malpractice & Bonding	1,585
762	Vehicles	4,055
763	Comprehensive Property & Liability	4,818
800	OTHER EXPENDITURES	2,000
801	INTEREST EXPENSE	0
	Subtotal	12,458
	TOTAL PROGRAM EXPENSES	\$337,411

Exhibit B-6 - Amendment #3

SFY 2022 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: <u>Lakes Region Consumer Advisory Board, Inc.</u>		
Budget Request for: <u>Peer Support Services</u>		
Budget Period: <u>SFY22 (7/1/21 through 6/30/22)</u>		
<u>Line Item Budget Reference Number</u>	<u>Item Budget Description</u>	<u>Total Amount</u>
600	PERSONNEL COSTS	
601	Salary & Wages	188,120
602	Employee Benefit	33,525
603	Payroll taxes	14,391
	Subtotal	236,036
620	PROFESSIONAL FEES	
624	Accounting	0
625	Audit Fees	8,750
626	Legal Fees	0
627	Other Professional Fees and Consultants	0
	Subtotal	8,750
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	210
632	In-Service Training	3,000
633	Conferences and Conventions	0
634	Other Staff Development	0
	Subtotal	3,210
640	OCCUPANCY COSTS	
641	Rent	28,800
642	Mortgage Payments	0
643	Heating Costs	5,200
644	Other Utilities	5,700
645	Maintenance and Repairs	3,500
646	Taxes	0
647	Other Occupancy Costs	400
	Subtotal	43,600
650	CONSUMABLE SUPPLIES	
651	Office	3,500
652	Building/Household	3,500
653	Rehabilitation/Training	0
655	Food	1,464
657	Other Consumable Supplies	0
	Subtotal	8,464
	Other Expenses	
660	CAPITAL EXPENDITURES	0
665	DEPRECIATION	0
670	EQUIPMENT RENTAL	4,235
680	EQUIPMENT MAINTENANCE	0
700	ADVERTISING	1,000
710	PRINTING	1,500
720	TELEPHONE/COMMUNICATIONS	9,500
730	POSTAGE/SHIPPING	300
	Subtotal	16,535
740	TRANSPORTATION	
741	Board Members	150
742	Staff	7,700
743	Members and Participants	2,008
	Subtotal	9,858
750	Assistance to Individuals	
751	Client Services	0
752	Clothing	0
	Subtotal	0
760	INSURANCE	
761	Malpractice & Bonding	1,585
762	Vehicles	4,055
763	Comprehensive Property & Liability	4,818
800	OTHER EXPENDITURES	500
801	INTEREST EXPENSE	0
	Subtotal	10,958
	TOTAL PROGRAM EXPENSES	\$337,411

State of New Hampshire

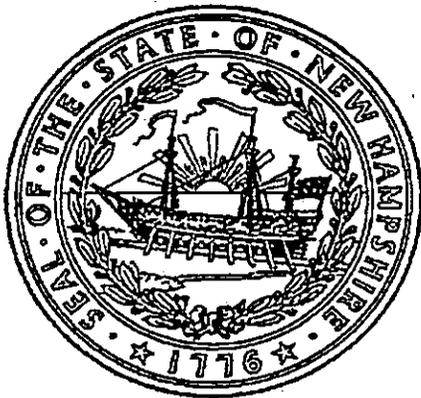
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CORNERBRIDGE is a New Hampshire Trade Name registered to transact business in New Hampshire on January 28, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 738226

Certificate Number: 0004907609



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of May A.D. 2020.

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

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Kim Bruneau, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Lakes Region Consumer Advisory Board
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on May 27, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Patricia Mahon (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Lakes Region Consumer Advisory Board
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority remains valid for thirty (30) days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 6-1-20

Kim Bruneau
Signature of Elected Officer
Name: Kim Bruneau
Title: LRCAB/Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/20/2020

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 FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Vivian Pinette PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: vpinette@crossagency.com
	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Ins Co INSURER B: Wesco Ins Co INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Lakes Region Consumer Advisory Board, DBA: Comerbridge P.O. Box 304 Laconia NH 03247	

COVERAGES **CERTIFICATE NUMBER:** 20-21 All Lines **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			PHPK2107686	05/01/2020	05/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK2107679	05/01/2020	05/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WWC3461897 (3a.) NH	04/01/2020	04/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**

State of NH, DHHS 129 Pleasant Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Lakes Region Consumer Advisory Board Mission Statement

The Lakes Region Consumer Advisory Board is the foundation for US to reach our goals and change our lives by changing the perception we have of ourselves as we relate to larger community and the perception the larger community has of US.

We are people learning to work strategies of Recovery, Wellness, and Empowerment.

Lakes Region Consumer Advisory Board is a Peer Support network enabling US to reach our goals and change our lives by nurturing our personal strengths.

Our vision is to create a culture that promotes personal responsibility for Recovery, Wellness, Empowerment, and Advocacy for oneself and others while acknowledging the divine right we have as Human Beings.

LAKES REGION CONSUMER ADVISORY BOARD
FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION
Years Ended June 30, 2019 and 2018

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ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

46 N. STATE STREET
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE (603) 228-5400
FAX # (603) 226-3532
SECTION

MEMBER OF THE PRIVATE
COMPANIES PRACTICE

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Lakes Region Consumer Advisory Board
Laconia, New Hampshire

We have audited the accompanying financial statements of Lakes Region Consumer Advisory Board (a New Hampshire nonprofit corporation), which comprise the statement of financial position as of June 30, 2019 and the related statements of activities and changes in net assets, cash flows and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Lakes Region Consumer Advisory Board as of June 30, 2019, 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.

Report on Summarized Comparative Information

We have previously audited Lakes Region Consumer Advisory Board's 2018 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 29, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on page 13 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Rowley & Associates, P.C.

Rowley & Associates, P.C.
Concord, New Hampshire
August 30, 2019

LAKES REGION CONSUMER ADVISORY BOARD
STATEMENTS OF FINANCIAL POSITION
JUNE 30, 2019 AND 2018
See Independent Auditors' Report

ASSETS	<u>2019</u>	<u>2018</u>
CURRENT ASSETS		
Cash and cash equivalents:		
Operating	\$ 27,491	\$ 33,073
BMHS refundable	37,453	111,467
Total cash and cash equivalents	<u>64,944</u>	<u>144,540</u>
Prepaid expenses	5,164	7,548
Total Current Assets	<u>135,052</u>	<u>296,628</u>
PROPERTY AND EQUIPMENT, at cost		
Building and land	198,236	175,865
Equipment	63,834	53,041
Furniture and fixtures	13,689	13,689
Total property & equipment	<u>275,759</u>	<u>242,595</u>
Less accumulated depreciation	<u>131,658</u>	<u>135,520</u>
	<u>144,101</u>	<u>107,075</u>
LONG TERM ASSETS		
Security deposit	<u>2,000</u>	<u>2,000</u>
Total Assets	<u>281,153</u>	<u>405,703</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued expenses	<u>28,748</u>	<u>36,653</u>
Total Current Liabilities	<u>28,748</u>	<u>36,653</u>
LONG-TERM LIABILITIES		
Refundable BMHS advance	37,453	111,467
Security deposit	850	850
Total Long-Term Liabilities	<u>38,303</u>	<u>112,317</u>
NET ASSETS		
Without donor restriction	149,158	112,193
With donor restriction	-	-
Total Net Assets	<u>149,158</u>	<u>112,193</u>
Total Liabilities and Net Assets	<u>\$ 216,209</u>	<u>\$ 261,163</u>

Notes to Financial Statements

LAKES REGION CONSUMER ADVISORY BOARD
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2019 AND 2018
See Independent Auditors' Report

	<u>2019</u>	<u>2018</u>
REVENUES, GAINS AND OTHER SUPPORT		
Grant income	\$ 375,668	\$ 358,165
Donations	5,551	5
Interest income	82	20
Rental income	11,700	9,350
Loss on sale of fixed asset	(2,349)	-
Total support and revenue	<u>390,652</u>	<u>367,540</u>
 EXPENSES		
Program	333,388	320,618
Management & general	8,990	8,857
Rental unit expense	11,309	10,072
Total expenses	<u>353,687</u>	<u>339,548</u>
Increase in net assets	36,965	27,992
Net assets, beginning of year	<u>112,193</u>	<u>84,201</u>
Net assets, end of year	<u>\$ 149,158</u>	<u>\$ 112,193</u>

Notes to Financial Statements

**LAKES REGION CONSUMER ADVISORY BOARD
 STATEMENTS OF CASH FLOWS
 YEARS ENDED JUNE 30, 2019 AND 2018
 See Independent Auditors' Report**

	<u>2019</u>	<u>2018</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in net assets	\$ 36,965	\$ 27,992
Adjustments to reconcile excess of revenue and support over expenses to net assets provided by operating activities		
Depreciation	11,339	9,247
Loss on sale of fixed asset	2,349	-
(Increase) decrease in operating assets		
Accounts receivable	-	-
Prepaid expenses	2,384	(1,888)
Increase (decrease) in operating liabilities		
Accounts payable and accrued expenses	(7,905)	17,135
Security deposits	-	-
Refundable BMHS advance	(52,818)	20,916
BMHS funds transferred to other agency	<u>(21,196)</u>	<u>(40,350)</u>
Net Cash Provided (Used) By Operating Activities	<u>(28,882)</u>	<u>33,052</u>
CASH USED BY INVESTING ACTIVITIES,		
Purchases of property and equipment	(52,164)	(27,890)
Proceeds on sale of fixed asset	<u>1,450</u>	<u>-</u>
Net Cash (Used) By Investing Activities	<u>(50,714)</u>	<u>(27,890)</u>
Net increase (decrease) in cash and cash equivalents	(79,596)	5,162
Cash and Cash Equivalents, Beginning of Year	<u>144,540</u>	<u>139,378</u>
Cash and Cash Equivalents, End of Year	<u>\$ 64,944</u>	<u>\$ 144,540</u>

SUPPLEMENTAL DISCLOSURE OF CASH-FLOW INFORMATION

Cash paid during the year for:

Interest	<u>\$ -</u>	<u>\$ 34</u>
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Notes to Financial Statements

LAKES REGION CONSUMER ADVISORY BOARD
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2019 WITH COMPARATIVE TOTALS FOR
THE YEAR ENDED JUNE 30, 2018
See Independent Auditors' Report

	<u>Program Services</u>	<u>Management & General</u>	<u>Rental Unit Costs</u>	<u>Total 2019</u>	<u>2018</u>
Wages	\$ 189,819	\$ -	\$ -	189,819	177,522
Employee benefits	20,817	-	-	20,817	21,207
Rent	24,000	-	-	24,000	24,000
Payroll taxes	14,663	-	-	14,663	13,712
Supplies	10,388	-	-	10,388	5,746
Telephone	8,453	-	3,127	11,580	10,610
Utilities	11,696	-	-	11,696	10,453
Workers compensation	3,708	-	1,372	5,080	3,691
Insurance	6,066	696	3,182	9,944	10,141
Repairs and maintenance	5,061	-	-	5,061	13,306
Food	3,838	-	-	3,838	4,274
Audit fees	-	7,500	-	7,500	7,500
Other expenses	1,261	-	-	1,261	1,477
Travel	11,445	-	-	11,445	9,209
Training	3,117	-	-	3,117	9,797
Depreciation	6,917	794	3,628	11,339	9,247
Equipment rental & maintenance	4,393	-	-	4,393	2,952
Vehicle expense	2,922	-	-	2,922	4,046
Postage	237	-	-	237	191
Bank fees	160	-	-	160	100
Advertising	4,370	-	-	4,370	307
Licenses & permits	57	-	-	57	60
	<u>\$ 333,388</u>	<u>\$ 8,990</u>	<u>\$ 11,309</u>	<u>\$ 353,687</u>	<u>\$ 339,548</u>

Notes to Financial Statements

**LAKES REGION CONSUMER ADVISORY BOARD
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018**

NOTE 1 NATURE OF ORGANIZATION

Lakes Region Consumer Advisory Board (LRCAB) is a nonprofit organization incorporated under the laws of the State of New Hampshire on October 19, 1993. Its mission is to provide peer support to those who are currently receiving or have received mental health services and to empower them to control their own lives and to influence the resources that affect their lives. Program support is derived primarily from fee for service contracts through the State of New Hampshire.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of LRCAB is presented to assist in understanding the organization's financial statements. The financial statements and notes are representations of LRCAB's management who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The financial records for LRCAB are maintained on the accrual basis of accounting. Consequently, revenues are recognized when earned and expenses are recognized when incurred.

Basis of Presentation

The organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions - These net assets generally result from revenues generated by receiving contributions that have no donor restrictions, providing services, and receiving interest from operating investments, less expenses incurred in providing program-related services raising contributions, and performing administrative functions.

Net assets with donor restrictions - These net assets result from gifts of cash and other assets that are received with donor stipulations that limit the use of the donated assets, either temporarily or permanently, until the donor restriction expires, that is until the stipulated time restriction ends or the purpose of the restriction is accomplished, the net assets are restricted.

**LAKES REGION CONSUMER ADVISORY BOARD
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018**

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash equivalents

For purposes of the statement of cash flows, LRCAB considers cash on hand, deposits in banks and investments to be cash equivalents.

Support and revenue

Lakes Region Consumer Advisory Board receives support primarily through grants from the Federal Government and the State of New Hampshire.

Property and Equipment

Property and equipment are recorded at cost of purchase or, if contributed, at fair market value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulation, contributions of property and equipment are recorded as unrestricted support. Depreciation is computed on the Modified Accelerated Cost Recovery System (MACRS) and on the straight-line basis over the useful lives of the assets as listed below. Depreciation expense was \$11,339 and \$9,247 for the years ended June 30, 2019 and 2018, respectively. Expenditures for repairs and maintenance are expensed when incurred.

Building & Improvement	27.5 Years
Furniture & Fixtures	7 Years
Office Equipment	5-7 Years
Vehicles	5 Years

Functional allocation of items

The costs of providing various program, management and rental services have been summarized in the statement of activities. Accordingly, certain costs have been allocated among the programs.

Accounts Receivable

Accounts receivable are comprised of amounts due from customers for services provided. LRCAB considers accounts receivable to be fully collectible; accordingly, no allowance for doubtful accounts has been established. If accounts become uncollectible, they will be charged to operations when that determination is made. Collections on accounts previously written off are included in revenue as received.

Advertising costs

The Organization expenses advertising costs as they are incurred. Advertising expense was \$4,370 and \$307 for the year ended June 30, 2019 and 2018, respectively.

**LAKES REGION CONSUMER ADVISORY BOARD
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018**

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Income taxes

The Organization has been notified by the Internal Revenue Service that it is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code. The Organization is further classified as an organization that is not a private foundation under Section 509(a)(3) of the Code. The most significant tax positions of the Organization are its assertion that it is exempt from income taxes and its determination of whether any amounts are subject to unrelated business tax (UBIT). The Organization follows guidance of Accounting Standards Codification (ASC) 740, Accounting for Income Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than not for recognition of tax positions taken or expected to be taken in a tax return. All significant tax positions have been considered by management. It has been determined that it is more likely than not that all tax positions would be sustained upon examination by taxing authorities. Accordingly, no provision for income taxes has been recorded.

In-Kind Contributions

In-kind contributions are recorded at fair market value and recognized as revenue in the accounting period in which they are received. Volunteers, mainly board members, donate time to LRCAB's program services. These services are not included in donated materials and services because the value has not been determined.

Donated Materials and Services

It is the intent of LRCAB to record the value of donated goods and services when there is an objective basis available to measure their value. For the years ended June 30, 2019 and 2018, there were no donated goods or services.

Concentration of Risk

The Organization maintains cash balances in several accounts at local banks. These accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At various times throughout the year, the Organization may have cash balances at the financial institution that exceeds the insured amount. Management does not believe this concentration of cash results in a high level of risk for the Organization. At June 30, 2019 and 2018 the Organization had no uninsured cash balances.

**LAKES REGION CONSUMER ADVISORY BOARD
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018**

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Comparative Financial Information

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2018, from which the summarized information was derived.

Financial Instruments

The carrying value of cash and cash equivalents, prepaid expenses, accounts payable and accrued expenses are stated at carrying cost at June 30, 2019 and 2018, which approximates fair value due to the relatively short maturity of these instruments.

New Accounting Pronouncement

During the year ended June 30, 2019, the Organization adopted the requirements of the Financial Accounting Standards Board's Accounting Standards Update No. 2016- 14— Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities (ASU 2016- 14). This Update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return between not-for-profit entities. A key change required by ASU 2016-14 is the net asset classes used in these financial statements. Amounts previously reported as unrestricted net assets are now reported as net assets without donor restrictions and amounts previously reported as temporarily restricted net assets and permanently restricted net assets are now reported as net assets with donor restrictions.

The accompanying information from the 2018 financial statements has been restated to conform to the 2019 presentation and disclosure requirements of ASU 2016-14.

Reclassifications

Certain financial statement and note information from the prior year financial statements has been reclassified to conform with current year presentation format.

NOTE 3 ECONOMIC DEPENDENCY

LRCAB currently receives grant funds from the State of New Hampshire Bureau of Mental Health Services. These funds are the primary source of the Organization's support. If a significant reduction or delay in the level of support were to occur, it would have an adverse effect on the Organization's programs and activities. For the years ended June 30, 2019 and 2018, the State grants made up 96% and 97% of LRCAB's total support.

**LAKES REGION CONSUMER ADVISORY BOARD
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018**

NOTE 4 LEASES

LRCAB leases premises in Concord, New Hampshire. In February 2008, LRCAB's lease expired and they are currently operating on a month to month basis. The current lease payment is \$2,000 per month. Rent expense was \$24,000 for the years ended June 30, 2019 and 2018. There is no future required minimum required rent expense.

NOTE 5 REAL ESTATE RENTAL

In February LRCAB entered a one-year lease with tenants, expiring January 2018. The Organization continues to operate under a month-to-month basis. Total rental income was \$11,700 and \$9,350 for the years ended June 30, 2019 and 2018. There is no future minimum rental income.

NOTE 6 LINE OF CREDIT

LRCAB has a \$10,000 line of credit with Laconia Savings Bank. The interest rates as of June 30, 2019 and 2018 were 6.25% and 5.50%, respectively. Interest payments are required monthly. The line of credit expires December 2020. There was no principal balance as of June 30, 2019 and 2018, respectively.

NOTE 7 RETIREMENT PLAN

The Organization implemented an employee IRA plan for full time employees. The State of New Hampshire approves the allocation of retirement funds and reimburses LRCAB for the expenses. Eligible employees do not make salary reduction contributions. The Organization made \$2,110 and \$2,590 in retirement contributions for the years ended June 30, 2019 and 2018, respectfully.

NOTE 8 REFUNDABLE ADVANCE

Under the terms of the service agreement with the Bureau of Behavioral Health (BMHS), a division of the State of New Hampshire's Department of Health and Human Services, LRCAB was required to segregate amounts received in excess of allowable expenses. Funds set aside in accordance with this requirement amounted to \$37,453 and \$111,467 for the years ended June 30, 2019 and 2018, respectively.

During the year ended June 30, 2019 BMH changed their policy regarding excess of allowable expenses. The new terms require BMH to adjust future grant distributions according to the net excess or deficit of funds per the organization's audited financial reports.

**LAKES REGION CONSUMER ADVISORY BOARD
 NOTES TO FINANCIAL STATEMENTS
 Years Ended June 30, 2019 and 2018**

NOTE 9 SUBSEQUENT EVENT

Management has evaluated subsequent events through August 30, 2019, the date on which the financial statements were available to be issued, to determine if any are of such significance to require disclosure. It has been determined that no subsequent events matching this criterion occurred during this period.

NOTE 10 BOARD DESIGNATED NET ASSETS

The Organization has no board designated net assets as of June 30, 2019.

NOTE 11 LIQUIDITY & AVAILABILITY OF FINANCIAL ASSETS

The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization's primary source of support is grants. That support is held for the purpose of supporting the Organization's budget. The Organization had the following financial assets that could be readily made available within one year to fund expenses without limitations:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 64,944	\$144,540
Less amounts:		
Refundable BMHS funds required to be maintained under State agreement	<u>(37,453)</u>	<u>(111,467)</u>
	<u>\$ 27,491</u>	<u>\$ 33,073</u>

LAKES REGION CONSUMER ADVISORY BOARD
STATEMENT OF ACTIVITIES
BY STATE APPROVED BMHS FUNDS
YEAR ENDED JUNE 30, 2019
See Independent Auditors' Report

	State Approved BMHS Funds	Non-BMHS Funds	Total
REVENUES, GAINS AND OTHER SUPPORT			
Grant income, current year	\$ 315,430	\$ -	\$ 315,430
Grant income, prior year release	52,818	-	52,818
Grant income, supplemental grant	7,420	-	7,420
Donations	-	5,551	5,551
Interest income	82	-	82
Rental income	-	11,700	11,700
Loss on sale of fixed asset	-	(2,349)	(2,349)
Total support and revenue	<u>375,750</u>	<u>14,902</u>	<u>390,652</u>
EXPENSES			
Wages	189,819	-	189,819
Employee benefits	20,817	-	20,817
Rent	24,000	-	24,000
Payroll taxes	14,663	-	14,663
Supplies	10,388	-	10,388
Telephone	11,580	-	11,580
Utilities	11,696	-	11,696
Workers compensation	5,080	-	5,080
Insurance	9,944	-	9,944
Repairs and maintenance	5,061	-	5,061
Food	3,838	-	3,838
Audit fees	7,500	-	7,500
Other expenses	1,261	-	1,261
Travel	11,445	-	11,445
Training	3,117	-	3,117
Depreciation	-	11,339	11,339
Equipment rental & maintenance	4,393	-	4,393
Vehicle expense	2,922	-	2,922
Postage	237	-	237
Bank fees	160	-	160
Advertising	4,370	-	4,370
Licenses & permits	57	-	57
Total expenses	<u>342,348</u>	<u>11,339</u>	<u>353,687</u>
Net Operating Increase in Net Assets	33,402	3,563	36,965
BMHS funds allowed for capital purchases	<u>(52,164)</u>	<u>52,164</u>	<u>-</u>
Net Increase (Decrease) in Net Assets	(18,762)	55,727	36,965
Net assets, beginning of year	<u>3</u>	<u>112,190</u>	<u>112,193</u>
Net assets (deficit), end of year	<u>\$ (18,759)</u>	<u>\$ 167,917</u>	<u>\$ 149,158</u>

Notes to Financial Statements

**Lakes Region Consumer Advisory Board
Board of Directors List
May 2020**

Co-President(s)
Patricia (Trish) Mahon
Joined: 2016
Term: #4
Expiration: 2020

Bob Shastany
Joined: 2019
Term: #1
Expiration: 2023

Co-President(s)
C.Joyce Ringleb
Joined: 2019
Term: #1
Expiration: 2023

John Murphy
Joined: 2020
Term: #1
Expiration: 2024

Vice-President
Raunic Amado
Joined: 2019
Term: #1
Expiration: 2023

Glenn Frederick
Joined: 2020
Term: 1
Expiration: 2024

Secretary
Kim Bruneau
Joined: 2019
Term: 1
Expiration: 2023

Megan Hanson
Joined: 2020
Term: 1
Expiration: 2024

Treasurer
Trish Mahon
Joined: 2016
Term: #4
Expiration: 2020

PATRICIA FANCY

PROFESSIONAL PROFILE

A compassionate and energetic professional with 7+ years of human services industry experience. Accustomed to working in environments where accuracy and accountability are essential. Consistently model and inspire high levels of integrity. Adapt at handling delicate situations requiring discretion and tact.

- High Academic Honors Recognition / Awards: Dean's List.
- Strong verbal, written and interpersonal communication skills.
- Makes decisions based on facts and experience.
- Possesses problem solving skills to facilitate problem identification and generation of alternative solutions.
- Function independently with minimal direction and guidance.
- Maintains and ensures patient privacy and confidentiality - abides by HIPAA policies.
- Microsoft Office Suite / MS Excel; MS Word; MS PowerPoint.

KEY QUALIFICATIONS

Basic Understanding of Cognitive and Emotional Crises • Intervention Strategies • Client Confidentiality Legalities
HIPAA Compliance • Community Based Referrals • Individual • Group & Community Advocacy
Critical Thinking & Crisis Intervention • Human Growth & Development • Individual & Family Life Cycles
Self-Care Strategies • Appropriate Boundaries • Preventative & Remedial Approaches to Public Health
Planning & Coordination for Vulnerable Populations • Social Welfare Systems Competencies
Cultural Diversity & Social Group Dynamics • Ethical & Value System Identification

EDUCATION

Ultimate Medical Academy | Associate of Science Degree - Health and Human Services, 2019
Southern New Hampshire University - Bachelors Degree of Arts- Psychology/Mental Health

PROFESSIONAL EXPERIENCE

Lakes Region Consumer Advisory Board - Laconia, NH

10/2014 - Present

Executive Director

- Supervise and lead the advisory board and 14+ employees.
- Create and implement agency policies and procedures.
- Set goals and establish direction for the organization.
- Ensure effective communication and organizations abilities.
- Complete administrative and financial tasks for the organization.
- Train employees on organization policies and procedures.
- Reviewed records and reports about activities such as production, payroll, and performance.
- Supervised the work of employees to ensure adherence to quality standards, deadlines, and proper procedures, correcting errors and problems.

Lakes Region Consumer Advisory Board - Concord, NH

12/2011 - 10/2014

Program Director

- Practiced intentional peer support and modeled and empowered consumer for advocacy.
- Evaluated employees' job performance and conformance to regulations and recommend an appropriate personnel action.
- Trained instruct employees in job duties and company policies.
- Provided employees with guidance in handling difficult and complex problems.

Easter Seals | Social Services Organization - Bow, NH

03/2006 - 04/2011

Direct Support Associate

- Ensured a safe practice of medication administration.
- Provided a safe and comfortable environment and integrated individuals in their community.
- Remained knowledgeable on the best care practices for developmental and mentally disabled adults.

Donna L. Mailhot-Dornhofer

Objective: Empathic, caring professional with strong social service and administrative background seeking a work environment that will allow me to utilize my care giving experience and supervisory skills.

Skills and Qualifications:

- Responsible for all office administration and accounting procedures and duties, sales, customer service and merchandise display
- Over five years experience in scheduling, tracking progress, writing reports, and organizing documentation.
- Expertise in business practices and procedures.
- Mentoring, building, and motivating strong and effective teams and relationships.
- Troubleshooting and solving complex problems
- Skilled in Microsoft Suite
- Customer service with the ability to develop and manage plans and programs to meet needs.
- Strong interpersonal communication skills; both oral and written.
- Developed and implemented individualized programs for specialized client base including creating maintaining jobs with local area community businesses.
- Share personal experience and encourage mental health wellness and recovery
- Work cooperatively to maintain a clean and safe environment

Employment History:

Program Director

Concord Peer Support, Lakes Region Consumer Ad. Board 3/2018-Present

Peer Member Advocate

Concord Peer Support 9/2015-3/2018

Mental Health Worker II

New Hampshire Hospital, Concord NH 08/2002-06/2013

Special Ed. Teacher

Nottingham School, Nottingham NH 09/2000-6/2002

Hillsboro-Deering Middle School, Hillsboro NH 09/1997-06/1999

Special Ed. Assistant

Merrimack Valley Middle School, Penacook NH 09/1992-6/1996

Education:

SNHU M.S. Community Economic Development

SNHU B.S, Human Services

Robin Greenly

Professional Strengths:

Exceptional work ethic and attention to detail; strong writing, communication and technology skills; high standards and integrity; self motivated and intellectually curious; intuitive and thoughtful.

Technical:

Access, Excel, Word, AS400, Act, Outlook, Adobe Reader and Writer, FoxPro, PCLaw, Amicus, Acrobat, Crystal Reports

Work Experience:

CornerBridge Peer Support Center 11/1/19 to Present

Program Director

- Responsibilities include for writing monthly calendar and newsletter. Schedule and mentor staff daily. Maintain household needs. Practice intentional peers support. Evaluate employee performance. Train employees as needed.

Lakes Region Community Advisory Board 5/14/18-11/1/19

Peer Advocate

- Responsible for scheduled groups and transportation when necessary as well as incoming phone calls.

Southern Wine & Spirits Concord, NH 2006-2018

Admin. Assistant

- Responsibilities for monitoring and maintaining inventory levels in the states of Maine and Vermont of liquor products. Input billing on a monthly basis. Recommend sales programming to increase market share and submit sales information to the states of Vermont and Maine.

Perfect Fit Industries, Pembroke, NH 2003-Present

Production Assistant

- Responsibilities include directing workflow and AS400 maintenance. Daily routine includes prioritizing work load for staff. Redirect resources as needed. Monitor inventory levels. Report on material shortages.
- Establish work flow to maintain consistent production levels. Work with upper management in identifying weak areas of production to make improvements.

Access Database Design, Bow, NH 2001-2003

Owner

- **Accomplishments:** Designed and created database for use in Civil Practice Clinic, the Children's Advocacy Clinic, the Administrative Advocacy Clinic, the Advanced Criminal Clinic, the Nonprofit Clinic, the Criminal Practice Clinic, the Mediation Clinic, and the Creativity and Innovation Clinic. Database used for tracking client files including storage and activity in files. Designed and maintain Access database used for tracking Law Professor located throughout the U.S. for Moot Court Applications. Designed an Access database for NH Appellate Defenders Office.

- Designed Access database for Marketing firm
- Designed and created Access database for Car Dealership.

Basch Subscriptions Inc. Concord, NH

1999 -2001

Publisher Relations

- **Accomplishments:** Maintained FoxPro pricing database for hundreds of publishers and their respective titles. Negotiated discounts with publishers. Tracked foreign currency rates and worked with exchange banks for rates. Designed and maintained database of credit card purchases of over \$5 million. Problem solved on a daily basis.

YBP Inc. Contoocook, NH

1987 - 1999

Publisher Relations Book Buyer

- **Accomplishments:** 1999 -Maintain speculative buy for over 150 publishers and 450+ imprints. Partnered with manager to design and program a turnkey Access system, which expedited tracking of vendor catalog receipts and provided tracking and statistical record keeping.
- 1998- Traveled to the UK to assist in company startup operation. Directed the workflow and trained staff performing order entry, speculative purchasing, publisher relations, shipping and warehouse management. Console operator responsible for data processing and printing and pooling all work for delivery to operators.
- 1995 -Designed and programmed a turnkey Access system for tracking British ApprovalBuys, Museum Buys and Association Buys, which provided management with order statistics and management reports. Trained staff performing Museum Buys and Association Buys.
- 1992 - Researched and resolved problematic library orders making it possible for order processing. Developed and maintain procedures and reference tools to assist in research. Trained staff performing detailed research remained an in-house consultant to this function.
- 1990 - Maintained computerized customer profiles allowing order processing, book processing, customer invoicing and shipping to occur. Trained staff performing customer file maintenance.

CONTRACTOR NAME:
Lakes Region Consumer Advisory Board

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Patricia Fancy	Executive Director	\$ 42,000.00	100%	\$42,000.00
Donna Mailhot-Dornhofer	Concord Peer Support Program Director	\$28,080.00	100%	\$28,080.00
Robin Greenly	CornerBridge Program Director	\$28,080.00	100%	\$28,080.00



**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Peer Support Services Contract**

This 3rd Amendment to the Peer Support Services contract (hereinafter referred to as "Amendment #3") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Monadnock Area Peer Support Agency, (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 64 Beaver Street, Keene, NH 03431.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2016, (Item #23), as amended on June 20, 2018, (Item #33B), and on June 19, 2019, (Item #28), 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 or terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18 and Exhibit C-1, Revisions to General Provisions, Paragraph 3, the Contract may be amended and extended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

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 1.7, Completion Date to read:
June 30, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$1,623,907.
3. Modify Exhibit A – Amendment #2, Scope of Services, Section 1., Subsection 1.5., to read:
1.5. RESERVED
4. Modify Exhibit A – Amendment #2, Scope of Services, Section 3., Subsection 3.1. Peer Support Services, Paragraph 3.1.1., Subparagraph 3.1.1.2. to read:
 - 3.1.1.2. Maintaining a safe physical location that:
 - 3.1.1.2.1. Is open a minimum total of forty-four (44) hours per week, eight (8) hours per day, five days per week and four (4) hours on one (1) additional day per week at each location; and
 - 3.1.1.2.2. Provides face-to-face or telephone peer support services to peer support agency members or others who contact the peer support agency at a minimum of forty (40) hours per week at each location.
5. Modify Exhibit A – Amendment #2, Scope of Services, Section 11. Reporting, Subsection 11.3., to read:
 - 11.3. The Contractor shall provide to the Department by the fifteenth (15th) day of the month following the end of each quarter, the prior quarters Board of Director meeting minutes, with all attachments, including, but not limited to, the Executive Director's report and Board

**New Hampshire Department of Health and Human Services
Peer Support Services**



of Directors' Roster.

6. Modify Exhibit A – Amendment #2, Scope of Services, Section 11. Reporting, Subsection 11.5., to read:
 - 11.5. The Contractor shall submit a quarterly written report to the Department, on a form supplied by the Department, no later than the fifteenth (15th) day of the month following the quarter regarding:
 - 11.5.1. Community outreach activities as outlined in Section 12., Deliverables, Subsection 12.3.
 - 11.5.2. Compilation of program evaluation and surveys submitted in the past quarter.
 - 11.5.3. Quarterly peer support service deliverables as identified on templates provided by the Department.
 - 11.5.4. Quarterly statistical data including, but not limited to:
 - 11.5.4.1. The total number of unduplicated participants served on a daily basis.
 - 11.5.4.2. The total number of current members, defined as only those members who have been served within the past year.
 - 11.5.4.3. Program utilization totals by percentage.
 - 11.5.4.4. Number and description of outreach activities.
 - 11.5.4.5. Number of telephone peer support contacts.
 - 11.5.4.6. Number and description of educational events provided:
 - 11.5.4.6.1. On-site; and
 - 11.5.4.6.2. In the community.
7. Add Exhibit A – Amendment #2, Scope of Services, Subsection 12.1., Paragraph 12.1.6.,s to read:

12.1.6. Five (5) of these hours may be conducted in the Center's community or region as approved by the Department.
8. Add Exhibit A – Amendment #2, Scope of Services, Section 14. Quality Improvement, Subsection 14.5., to read:

14.5. The Contractor shall provide all requested audits within ten (10) days of receiving the request from the Department.
9. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 5.; to read:
 5. Subsequent to the action in Section 4., the Department shall make monthly payments to the Contractor based upon cost reimbursement, as submitted by the Contractor to maintain services and as approved by the Department, of the Department approved budget amounts in Exhibit B-1 Budget Form through Exhibit B-6 Amendment #3 SFY 2022 Budget.
 - 5.1. In no event shall the total of the initial payment in Section 4. and monthly payments in Section 5. exceed the budget amounts set forth in Section 5.
 - 5.2. The Department will adjust monthly payments for expenditures set forth in Section 9., below and amounts paid to initiate services in Section 4., above.
 - 5.2. Expenditures shall be in accordance with the budgets identified in Section 5., as approved by the Department.

**New Hampshire Department of Health and Human Services
Peer Support Services**



- 5.3. Allowable costs and expenses shall be determined by the Department, in accordance with applicable state and federal laws and regulations.
10. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 6., to read:
6. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
11. Modify Exhibit B-4 by deleting its content in its entirety and replacing it with Exhibit B-4 Amendment #3 SFY 2020 Budget, which is attached hereto and incorporated by reference herein.
12. Add Exhibit B-5 – Amendment #3, SFY 2021 Budget, which is attached hereto and incorporated by reference herein.
13. Add Exhibit B-6 – Amendment #3, SFY 2022 Budget, which is attached hereto and incorporated by reference herein.

**New Hampshire Department of Health and Human Services
Peer Support Services**



All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #3 remain in full force and effect. 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

6-5-2020
Date


Name: Katja A. Fox
Title: Director

Monadnock Area Peer Support Agency

6/1/2020
Date


Name: Peter Starkey
Title: Executive Director

**New Hampshire Department of Health and Human Services
Peer Support Services**



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

OFFICE OF THE ATTORNEY GENERAL

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:

SFY 2020 Budget New Hampshire Department of Health and Human Services Contractor Name: Monadnock Area Peer Support Agency		
Budget Request for: Peer Support Services - Region III & IV		
Budget Period: SFY20 (7/1/19 through 6/30/20)		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	143,336
602	Employee Benefit	23,989
603	Payroll taxes	10,123
	Subtotal	
620	PROFESSIONAL FEES	
624	Accounting	5,000
625	Audit Fees	6,078
626	Legal Fees	
627	Other Professional Fees and Consultants	
	Subtotal	
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	160
632	In-Service Training	1,500
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	
640	OCCUPANCY COSTS	
641	Rent	
642	Mortgage Payments	19,053
643	Heating Costs	5,200
644	Other Utilities	7,184
645	Maintenance and Repairs	4,500
646	Taxes	
647	Other Occupancy Costs	
	Subtotal	
650	CONSUMABLE SUPPLIES	
651	Office	4,408

652	Building/Household	627
653	Rehabilitation/Training	
655	Food	1,500
657	Other Consumable Supplies	
	Subtotal	
	Other Expenses	
660	CAPITAL EXPENDITURES	27,000
665	DEPRECIATION	
670	EQUIPMENT RENTAL	2,585
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	
710	PRINTING	
720	TELEPHONE/COMMUNICATIONS	3,295
730	POSTAGE/SHIPPING	244
	Subtotal	
740	TRANSPORTATION	
741	Board Members	
742	Staff	3,000
743	Members and Participants	4,554
	Subtotal	
750	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
760	INSURANCE	
761	Malpractice & Bonding	1,444
762	Vehicles	3,548
763	Comprehensive Property & Liability	2,857
800	OTHER EXPENDITURES	170
801	INTEREST EXPENSE	
	Subtotal	
	TOTAL PROGRAM EXPENSES	\$281,355.00

SFY 2021 Budget New Hampshire Department of Health and Human Services Contractor Name: Monadnock Area Peer Support Agency		
Budget Request for: Peer Support Services - Region III & IV		
Budget Period: SFY21 (7/1/20 through 6/30/21)		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	169,920
602	Employee Benefit	30,551
603	Payroll taxes	12,999
	Subtotal	
620	PROFESSIONAL FEES	
624	Accounting	4,800
625	Audit Fees	6,439
626	Legal Fees	
627	Other Professional Fees and Consultants	
	Subtotal	
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	200
632	In-Service Training	3,000
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	
640	OCCUPANCY COSTS	
641	Rent	
642	Mortgage Payments	8,705
643	Heating Costs	3,500
644	Other Utilities	5,000
645	Maintenance and Repairs	1,500
646	Taxes	
647	Other Occupancy Costs	
	Subtotal	
650	CONSUMABLE SUPPLIES	
651	Office	4,270

Exhibit B-5 - Amendment #3

652	Building/Household	1,000
653	Rehabilitation/Training	
655	Food	1,000
657	Other Consumable Supplies	
	Subtotal	
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	
670	EQUIPMENT RENTAL	1,680
680	EQUIPMENT MAINTENANCE	300
700	ADVERTISING	
710	PRINTING	
720	TELEPHONE/COMMUNICATIONS	3,840
730	POSTAGE/SHIPPING	500
	Subtotal	
740	TRANSPORTATION	
741	Board Members	
742	Staff	2,000
743	Members and Participants	5,000
	Subtotal	
750	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
760	INSURANCE	
761	Malpractice & Bonding	1,350
762	Vehicles	4,257
763	Comprehensive Property & Liability	3,294
800	OTHER EXPENDITURES	
801	INTEREST EXPENSE	
	Subtotal	
	TOTAL PROGRAM EXPENSES	\$275,105

SFY 2022 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: Monadnock Area Peer Support Agency		
Budget Request for: Peer Support Services - Region III & IV		
Budget Period: SFY22 (7/1/21 through 6/30/22)		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600 PERSONNEL COSTS		
601	Salary & Wages	169,920
602	Employee Benefit	30,551
603	Payroll taxes	12,999
	Subtotal	
620 PROFESSIONAL FEES		
624	Accounting	4,800
625	Audit Fees	6,439
626	Legal Fees	
627	Other Professional Fees and Consultants	
	Subtotal	
630 STAFF DEVELOPMENT AND TRAINING		
631	Publications and Journals	200
632	In-Service Training	3,000
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	
640 OCCUPANCY COSTS		
641	Rent	
642	Mortgage Payments	8,705
643	Heating Costs	3,500
644	Other Utilities	5,000
645	Maintenance and Repairs	1,500
646	Taxes	
647	Other Occupancy Costs	
	Subtotal	
650 CONSUMABLE SUPPLIES		
651	Office	4,270

Exhibit B-6 - Amendment #3

652	Building/Household	1,000
653	Rehabilitation/Training	
655	Food	1,000
657	Other Consumable Supplies	
	Subtotal	
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	
670	EQUIPMENT RENTAL	1,680
680	EQUIPMENT MAINTENANCE	300
700	ADVERTISING	
710	PRINTING	
720	TELEPHONE/COMMUNICATIONS	3,840
730	POSTAGE/SHIPPING	500
	Subtotal	
740	TRANSPORTATION	
741	Board Members	
742	Staff	2,000
743	Members and Participants	5,000
	Subtotal	
750	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
760	INSURANCE	
761	Malpractice & Bonding	1,350
762	Vehicles	4,257
763	Comprehensive Property & Liability	3,294
800	OTHER EXPENDITURES	
801	INTEREST EXPENSE	
	Subtotal	
TOTAL PROGRAM EXPENSES		\$275,105

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MONADNOCK AREA PEER SUPPORT AGENCY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 23, 1995. 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: 239259

Certificate Number: 0004923518



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,

this 1st day of June A.D. 2020.

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

William M. Gardner

Secretary of State

CERTIFICATE OF AUTHORITY

I, Christine Nowill, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Monadnock Area Peer Support Agency.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on May 26th, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Peter Starkey (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Monadnock Area Peer Support Agency to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: June 1st, 2020

DocuSigned by:
Christine Nowill

Signature of Elected Officer
Name: Christine Nowill
Title: Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Clark - Mortenson Insurance P.O. Box 606 Keene NH 03431	CONTACT NAME: PHONE (A/C, No., Ex): 603-352-2121	FAX (A/C, No): 603-357-8491
	E-MAIL ADDRESS: csr24admin@clark-mortenson.com	
INSURED Monadnock Area Peer Support Agency P.O. Box 258 64 Beaver Street Keene NH 03431		INSURER(S) AFFORDING COVERAGE
MONADNOCK29	INSURER A: Tudor Insurance Company	NAIC # 38628
	INSURER B: Progressive Insurance Company	
	INSURER C: Central Insurance Companies	
	INSURER D: Mount Vernon Fire Insurance	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1341059711

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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		NPP8508203	2/5/2020	2/5/2021	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ 1,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMPOP AGG	\$ Included
							\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		058012153	1/3/2020	1/3/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	WC8624826	1/1/2020	1/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$ 100,000
						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
D	DIRECTORS & OFFICERS		NDO2003305L	1/1/2020	1/1/2021	EACH OCCURRENCE	1,000,000
						AGGREGATE	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 3a state: NH

CERTIFICATE HOLDER

DHHS
 129 Pleasant Street
 Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Monadnock Area Peer Support Agency

Mission Statement

As a peer driven organization, it is the mission of Monadnock Peer Support to promote wellness and recovery, as defined by the individual, through intentional peer support, and to provide advocacy, educational, vocational, interpersonal, social, and spiritual opportunities to adults who utilize mental health services to learn wellness strategies, develop mutually beneficial relationships, and to support each other in attaining increased capacities for self-determination, independence, and personal growth.

The community, in conjunction with the Board of Directors, generates all rules, policy and direction with equal consideration given to the input of all members. We emphasize understanding, mutual accountability and respect for diversity in relationships. We offer groups, activities and events in which we learn more about ourselves, and how we interact with others. We utilize shared leadership, skill development, team activities and a holistic model of health to make these groups and events a valuable opportunity for growth and strength.

MONADNOCK AREA PEER SUPPORT AGENCY

FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

Years Ended June 30, 2019 and 2018

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ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

46 N. STATE STREET
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE (603) 228-5400
FAX # (603) 226-3532

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER OF THE PRIVATE
COMPANIES PRACTICE SECTION

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Monadnock Area Peer Support Agency
Keene, New Hampshire

We have audited the accompanying financial statements Monadnock Area Peer Support Agency (a New Hampshire nonprofit corporation), which comprises the statement of financial position as of June 30, 2019 and the related statements of activities and changes in net assets, cash flows and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Monadnock Area Peer Support Agency as of June 30, 2019 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America

Report on Summarized Comparative Information

We have previously audited Monadnock Area Peer Support Agency financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated December 5, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The statement of activities by state approved BMHS Funds on page 14 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Rowley & Associates, P.C.

Rowley & Associates, P.C.
Concord, New Hampshire
January 6, 2020

MONADNOCK AREA PEER SUPPORT AGENCY
 STATEMENTS OF FINANCIAL POSITION
 JUNE 30, 2019 WITH COMPARATIVE TOTALS, JUNE 30, 2018

ASSETS	Net Assets Without Donor Restriction	Net Assets With Donor Restriction	Total 2019	2018
CURRENT ASSETS				
Cash and cash equivalents				
Operating	\$ 65,094	\$ 5,000	\$ 70,094	\$ 67,326
BMHS & Respite refundable	1,108	-	1,108	6,036
Total cash and cash equivalents	<u>66,202</u>	<u>5,000</u>	<u>71,202</u>	<u>73,362</u>
Accounts receivable	2,559	-	2,559	5,837
Prepaid expenses	7,935	-	7,935	6,539
Total Current Assets	<u>76,696</u>	<u>5,000</u>	<u>81,696</u>	<u>85,738</u>
PROPERTY AND EQUIPMENT, at cost				
Building and improvements	128,510	-	128,510	128,510
Land	22,750	-	22,750	22,750
Equipment and vehicle	37,870	-	37,870	37,870
Total property & equipment	<u>189,130</u>	<u>-</u>	<u>189,130</u>	<u>189,130</u>
Less accumulated depreciation	102,014	-	102,014	93,708
	<u>87,116</u>	<u>-</u>	<u>87,116</u>	<u>95,422</u>
 Total Assets	 <u>163,812</u>	 <u>5,000</u>	 <u>168,812</u>	 <u>181,160</u>
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Accounts payable	11,168	-	11,168	7,915
Accrued expenses	6,439	-	6,439	6,585
Long-term debt, current portion	7,565	-	7,565	7,342
Total Current Liabilities	<u>25,172</u>	<u>-</u>	<u>25,172</u>	<u>21,842</u>
LONG-TERM LIABILITIES				
Refundable advance, Respite	-	-	-	2,642
Refundable advance, BMHS	1,108	-	1,108	3,394
Long-term debt, net of current portion	19,040	-	19,040	26,398
Total Long-Term Liabilities	<u>20,148</u>	<u>-</u>	<u>20,148</u>	<u>32,434</u>
NET ASSETS				
Without donor restriction	118,492	-	118,492	118,024
With donor restriction	-	5,000	5,000	8,860
Total Net Assets	<u>118,492</u>	<u>5,000</u>	<u>123,492</u>	<u>126,884</u>
 Total Liabilities and Net Assets	 <u>\$ 163,812</u>	 <u>\$ 5,000</u>	 <u>\$ 168,812</u>	 <u>\$ 181,160</u>

See Independent Auditors' Report and Notes to Financial Statements

MONADNOCK AREA PEER SUPPORT AGENCY
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2019 WITH
COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2018

	<u>Net Assets Without Donor Restriction</u>	<u>Net Assets With Donor Restriction</u>	<u>2019</u>	<u>2018</u>
REVENUE AND SUPPORT				
State Grant income	\$ 254,930	\$ -	\$ 254,930	\$ 279,590
Contributions	10,451	-	10,451	29,623
Interest income	64	-	64	47
Rental income	-	-	-	1,750
Program & other income	14,853	-	14,853	1,238
Total revenue and support	<u>280,298</u>	<u>-</u>	<u>280,298</u>	<u>312,248</u>
Net assets released from donor imposed restrictions	<u>3,860</u>	<u>(3,860)</u>	<u>-</u>	<u>-</u>
EXPENSES				
Program	268,022	-	268,022	274,671
Management & general	15,318	-	15,318	21,533
Fundraising	350	-	350	1,079
Total expenses	<u>283,690</u>	<u>-</u>	<u>283,690</u>	<u>297,283</u>
Increase (decrease) in net assets	468	(3,860)	(3,392)	14,965
Net assets, beginning of year	<u>118,024</u>	<u>8,860</u>	<u>126,884</u>	<u>111,919</u>
Net assets, end of year	<u>\$ 118,492</u>	<u>\$ 5,000</u>	<u>\$ 123,492</u>	<u>\$ 126,884</u>

See Independent Auditors' Report and Notes to Financial Statements

**MONADNOCK AREA PEER SUPPORT AGENCY
STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (decrease) in net assets	\$ (3,392)	\$ 14,965
Adjustments to reconcile excess of revenue and support over expenses to net assets provided by operating activities:		
Depreciation	8,306	8,306
(Increase) decrease in operating assets:		
Accounts receivable	3,278	2,364
Prepaid expenses	(1,396)	(1,843)
Increase (decrease) in operating liabilities:		
Accounts payable	3,253	(523)
Accrued expenses	(146)	(1,597)
Security deposit	-	(900)
Refundable advance, Respite	(2,642)	(4,443)
Refundable advance, BMHS	(2,286)	(11,207)
Net Cash Provided By Operating Activities	<u>4,975</u>	<u>5,122</u>
CASH USED BY INVESTING ACTIVITIES,		
Purchases of property and equipment	<u>-</u>	<u>-</u>
CASH USED BY FINANCING ACTIVITIES,		
Repayments of long-term notes payable	<u>(7,135)</u>	<u>(6,883)</u>
Net Decrease in Cash and Cash Equivalents	(2,160)	(1,761)
Cash and Cash Equivalents, Beginning of Year	<u>73,362</u>	<u>75,123</u>
Cash and Cash Equivalents, End of Year	<u>\$ 71,202</u>	<u>\$ 73,362</u>

SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION

Cash paid during the year for:

Interest	<u>\$ 1,963</u>	<u>\$ 1,980</u>
----------	-----------------	-----------------

See Independent Auditors' Report and Notes to Financial Statements

**MONADNOCK AREA PEER SUPPORT AGENCY
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2019 WITH
COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2018**

	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>	<u>Total 2019</u>	<u>Total 2018</u>
Wages	\$ 156,768	\$ -	\$ -	156,768	\$ 150,201
Employee benefits	18,371	-	-	18,371	22,052
Payroll taxes	12,266	-	-	12,266	11,590
Outside services	-	-	-	-	11,741
Supplies and office expense	3,697	411	-	4,108	10,819
Telephone	3,104	345	-	3,449	5,020
Utilities	11,666	1,296	-	12,962	12,976
Insurance	6,410	712	-	7,122	7,247
Repairs and maintenance	2,619	291	-	2,910	3,256
Interest expense	1,767	196	-	1,963	1,980
Food	2,247	250	-	2,497	2,052
Professional fees	-	11,201	-	11,201	16,561
Other expenses	1,038	-	-	1,038	956
Travel	18,412	-	-	18,412	1,247
Training	7,994	-	-	7,994	18,980
Depreciation	8,306	-	-	8,306	8,306
Property taxes	2,088	232	-	2,320	1,526
Equipment rental	2,615	291	-	2,905	3,576
Vehicle expense	7,813	-	-	7,813	4,850
Postage	842	94	-	935	1,268
Advertising	-	-	350	350	1,079
	<u>\$ 268,022</u>	<u>\$ 15,318</u>	<u>\$ 350</u>	<u>\$ 283,690</u>	<u>\$ 297,283</u>

See Independent Auditors' Report and Notes to Financial Statements

**MONADNOCK AREA PEER SUPPORT AGENCY
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018**

NOTE 1 NATURE OF ORGANIZATION

Monadnock Area Peer Support Agency (MAPSA) is a nonprofit organization incorporated, that promotes peer support through educations, vocational, interpersonal, social and spiritual opportunities for consumers of mental health services and by facilitating recovery through peer support, empowerment and personal growth. The organization operates in Keene, New Hampshire.

The revenue of the Organization is derived primarily from a contract with the State of New Hampshire Department of Health and Human Services.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of MAPSA is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of MAPSA's management who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The financial records for the Organization are maintained on the accrual basis of accounting. Consequently, revenues are recognized when earned and expenses are recognized when incurred.

Basis of Presentation

The organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions - These net assets generally result from revenues generated by receiving contributions that have no donor restrictions, providing services, and receiving interest from operating investments, less expenses incurred in providing program-related services raising contributions, and performing administrative functions.

Net assets with donor restrictions - These net assets result from gifts of cash and other assets that are received with donor stipulations that limit the use of the donated assets, either temporarily or permanently, until the donor restriction expires, that is until the stipulated time restriction ends or the purpose of the restriction is accomplished, the net assets are restricted.

**MONADNOCK AREA PEER SUPPORT AGENCY
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018**

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash equivalents

For purposes of the Statements of Cash Flows, the Organization considers all highly liquid investments (short-term investments such as certificates of deposits and money market accounts) with an initial maturity of three months or less to be cash equivalents. There were no cash equivalents as of June 30, 2019 and 2018.

Support and revenue

The Organization receives most of its revenue in the form of grants from the State of New Hampshire Department of Health and Human Services Division of Behavioral Health (BMHS).

Property and Equipment

Property and equipment are carried at cost. Depreciation is calculated on the straight-line method over the estimated useful lives of the assets. Minor repairs and maintenance are expensed as incurred. Major repairs and renovations which materially extend the useful lives of the assets are capitalized. Major classes of depreciable assets and their estimated lives are as follows:

<u>Description</u>	<u>Years</u>
Building improvements	10-39
Equipment	5-7
Vehicle	5

Depreciation expense was \$8,306 and \$8,306 for the years ended June 30, 2019 and 2018, respectively.

Function Allocation of items

The costs of providing various program, management and rental services have been summarized in the statement of activities. Accordingly, certain costs have been allocated among the programs.

Cost Allocation

Certain categories of expenses are attributable to more than one program or supporting function and are allocated on a reasonable basis that is consistently applied. The expenses that are allocated are compensation and insurances, which are allocated on the basis of estimates of time and effort; occupancy costs, which are allocated on a square footage basis; and supplies and telephone costs, which are allocated based on usage studies.

MONADNOCK AREA PEER SUPPORT AGENCY
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Advertising

The Organization expenses advertising costs as incurred. MAPSA had advertising costs of \$350 and \$1,079 as of June 30, 2019 and 2018, respectively.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Income taxes

The Organization has been notified by the Internal Revenue Service that it is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code. The Organization is further classified as an organization that is not a private foundation under Section 509(a)(3) of the Code. The most significant tax positions of the Organization are its assertion that it is exempt from income taxes and its determination of whether any amounts are subject to unrelated business tax (UBIT). The Organization follows guidance of Accounting Standards Codification (ASC) 740, Accounting for Income Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than not for recognition of tax positions taken or expected to be taken in a tax return. All significant tax positions have been considered by management. It has been determined that it is more likely than not that all tax positions would be sustained upon examination by taxing authorities. Accordingly, no provision for income taxes has been recorded.

In-Kind Contributions

In-kind contributions are recorded at fair market value and recognized as revenue in the accounting period in which they are received. Volunteers, mainly board members, donate time to MAPSA's program services. These services are not included in donated materials and services because the value has not been determined.

Donated Materials and Services

It is the intent of MAPSA to record the value of donated goods and services when there is an objective basis available to measure their value. For the years ended June 30, 2019 and 2018, there were no donated goods or services.

MONADNOCK AREA PEER SUPPORT AGENCY
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Event

Management has evaluated subsequent events through January 6, 2020, the date on which the financial statements were available to be issued to determine if any are of such significance to require disclosure. It has been determined that no subsequent events matching this criterion occurred during this period.

Comparative Financial Information

The financial statements include certain prior-year summarized comparative information in total but-not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2018, from which the summarized information was derived.

Financial Instruments

The carrying value of cash and cash equivalents, accounts receivable, prepaid expenses, accounts payable and accrued expenses are stated at carrying cost at June 30, 2019 and 2018, which approximates fair value due to the relatively short maturity of these instruments.

New Accounting Pronouncement

During the year ended June 30, 2019, the Organization adopted the requirements of the Financial Accounting Standards Board's Accounting Standards Update No. 2016-14—Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities (ASU 2016-14). This Update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return between not-for-profit entities. A key change required by ASU 2016-14 is the net asset classes used in these financial statements. Amounts previously reported as unrestricted net assets are now reported as net assets without donor restrictions and amounts previously reported as temporarily restricted net assets and permanently restricted net assets are now reported as net assets with donor restrictions.

The accompanying information from the 2018 financial statements has been restated to conform to the 2019 presentation and disclosure requirements of ASU 2016-14.

Reclassifications

Certain financial statement and note information from the prior year financial statements has been reclassified to conform with current year presentation format.

**MONADNOCK AREA PEER SUPPORT AGENCY
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018**

NOTE 3 REVIEW BY OUTSIDE AGENCIES

The activities of the Organization are subject to examination for compliance with the requirements of the granting agency.

NOTE 4 CONCENTRATION OF CREDIT RISK

The Organization maintains cash balances in several accounts at a local bank. These accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At June 30, 2019 and 2018 the Organization had no uninsured cash balances.

The Organization earned a substantial portion of its revenue from the State of New Hampshire. The State of New Hampshire contract accounted for approximately 90% and 89% of total revenue in the years ended June 30, 2019 and 2018, respectively.

NOTE 5 RETIREMENT PLAN

The Organization implemented an employee IRA plan for full time employees. The State of New Hampshire approves the allocation of retirement funds and reimburses MAPSA for the expenses. Eligible employees do not make salary reduction contributions. There were contributions of \$1,000 and \$1,000 for the years ended June 30, 2019 and 2018, respectively.

NOTE 6 REFUNDABLE BMHS AND RESPITE ADVANCES

Under the terms of the service agreement with the Bureau of Behavioral Health (BMHS), a division of the State of New Hampshire's Department of Health and Human Services, MAPSA is required to segregate amounts received in excess of allowable expenses. Funds set aside in accordance with this requirement amounted to \$1,108 and \$3,394 for the years ended June 30, 2019 and 2018, respectively.

The Organization is also required to segregate amounts received in excess of allowable expenses specifically for crisis respite. Funds set aside in accordance with this requirement amounted to \$0 and \$2,642 for the years ended June 30, 2019 and 2018, respectively.

NOTE 7 COMPENSATED ABSENCES

Employees of the Organization are entitled to paid time off depending on job classification, length of services and other factors. The Organization had no accrued time earned, but unpaid as of June 30, 2019 and 2018, respectively.

MONADNOCK AREA PEER SUPPORT AGENCY
 NOTES TO FINANCIAL STATEMENTS
 Years Ended June 30, 2019 and 2018

NOTE 8 FAIR VALUE MEASUREMENTS

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Organization is required to disclose certain information about its financial assets and liabilities. Fair values of assets measured on a recurring basis at June 30 were as follows:

	<u>Fair Value</u>	Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant other Observable inputs (Level 2)
<u>2019</u>			
Accounts Receivable	<u>\$ 2,559</u>	<u>\$ -</u>	<u>\$ 2,559</u>
<u>2018</u>			
Accounts Receivable	<u>\$ 5,837</u>	<u>\$ -</u>	<u>\$ 5,837</u>

The fair value of accounts receivable are estimated at the present value of expected future cash flows.

NOTE 9 REAL ESTATE RENTAL

The Organization derives revenue from renting a portion of its building under short term rental arrangements.

Total rental income related was \$0 and \$1,750 for the years ended June 30, 2019 and 2018, respectively.

NOTE 10 LONG-TERM DEBT

Long-term debt consisted of the following as of June 30:	<u>2019</u>	<u>2018</u>
Mortgage payable to a bank in monthly installments of \$763 including principal and interest beginning December 1999. The interest is 6.875%. The note is secured by a mortgage on real estate and Matures September 2022.	\$ 26,605	\$ 33,740
Less current portion	<u>7,565</u>	<u>7,342</u>
	<u>\$ 19,040</u>	<u>\$ 26,398</u>

The maturities on long-term debt as of June 30 are as follows:

2020	\$ 7,565
2021	8,102
2022	8,676
Thereafter	<u>2,262</u>
	<u>\$26,605</u>

MONADNOCK AREA PEER SUPPORT AGENCY
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 11 BOARD DESIGNATED NET ASSETS

The Organization has no board designated net assets as of June 30, 2019.

NOTE 12 NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restriction consisted of the following as of June 30:

	<u>2019</u>	<u>2018</u>
Alt Life funds	\$ -	\$ 3,860
NHCF funds	<u>5,000</u>	<u>5,000</u>
	<u>\$ 5,000</u>	<u>\$ 8,860</u>

NOTE 13 LIQUIDITY & AVAILABILITY OF FINANCIAL ASSETS

The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization's primary source of support is grants. That support is held for the purpose of supporting the Organization's budget. The Organization had the following financial assets that could be readily made available within one year to fund expenses without limitations:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 71,202	\$ 73,362
Accounts receivable	<u>2,559</u>	<u>5,837</u>
	<u>73,761</u>	<u>79,199</u>
Less amounts:		
Funds required to be maintained under State agreement		
BMHS:	1,108	3,394
Crisis Respite:	<u>-</u>	<u>2,642</u>
	<u>1,108</u>	<u>6,036</u>
	<u>\$ 72,653</u>	<u>\$ 73,163</u>

**MONADNOCK AREA PEER SUPPORT AGENCY
STATEMENT OF ACTIVITIES
BY STATE APPROVED BMHS FUNDS
FOR THE YEAR ENDED JUNE 30, 2019**

	State Approved BMHS Funds	State Approved Respite Funds	Non-BMHS Funds	Total
REVENUE AND SUPPORT				
Grant income, current year	\$ 194,772	\$ 55,230	\$ -	250,002
Grant income, prior year release	2,286	2,642	-	4,928
Contributions	-	-	10,451	10,451
Interest income	-	-	64	64
Program & other income	-	-	14,853	14,853
Total support and revenue	<u>197,058</u>	<u>57,872</u>	<u>25,368</u>	<u>280,298</u>
EXPENSES				
Wages	119,032	37,736	-	156,768
Employee benefits	15,945	2,426	-	18,371
Payroll taxes	9,385	2,881	-	12,266
Supplies and office expense	2,371	1,648	89	4,108
Telephone	2,091	1,358	-	3,449
Utilities	7,724	4,899	339	12,962
Insurance	3,719	3,381	22	7,122
Repairs and maintenance	2,722	188	-	2,910
Interest expense	1,963	-	-	1,963
Food	1,431	-	1,066	2,497
Professional fees	6,364	2,453	2,384	11,201
Other expenses	420	-	618	1,038
Travel	3,888	3	14,521	18,412
Training	2,981	-	5,013	7,994
Depreciation	-	-	8,306	8,306
Property taxes	-	-	2,320	2,320
Equipment rental	1,723	420	762	2,905
Vehicle expense	7,601	212	-	7,813
Postage	668	267	-	935
Advertising	350	-	-	350
Total expenses	<u>190,378</u>	<u>57,872</u>	<u>35,440</u>	<u>283,690</u>
Net Increase (Decrease) in Net Assets	6,680	-	(10,072)	(3,392)
BMHS funds allowed for debt reduction	(6,680)	-	6,680	-
Net assets, beginning of year	<u>-</u>	<u>-</u>	<u>126,884</u>	<u>126,884</u>
Net assets, end of year	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 123,492</u>	<u>\$ 123,492</u>

See Independent Auditors' Report and Notes to Financial Statements

Monadnock Area Peer Support Agency
Board of Directors

March 2020

Chair

Melissa Chickering
25 Prospect Street
Keene, NH 03431
(C) 603-209-0227
E-mail:

mchickering@antioch.edu

Joined: 5/2017

Term #: 2

Term Length: 2 years

Expiration: 5/2021

TREASURER

Christine Nowill
112 PLeasant St.
Marlborough, NH 03455
Cell: 603-313-2720
christine@mds-nh.org
Joined: 2/2020

Term #: 1

Term Length: 2 years

Expiration: 2/2022

SECRETARY

Scott Folson
44 Heritage Way
Milford, NH 03055
(C) 603-499-1116
Keene, NH 03431
scottfolson@rocketmail.com

Joined: 4/2018

Term #: 1

Term Length: 2 years

Expiration: 4/2020

**AT-LARGE BOARD
MEMBERS**

Martha Barnard
141 George Street, Apt. B
Keene, NH 03431
(C) 512-808-6215
mbarnard@antioch.edu

Joined: 4/2018

Term #: 1

Term Length: 2 years

Expiration: 4/2020

Joe Frankel

85 River Street
Keene, NH 03431

(C) 516-776-0908

E-mail: jmfl17@yahoo.com

Joined: 9/2017

Term #: 2

Term Length: 2 years

Expiration: 9/2021

Renee Sangermano

14 Nutting Road
Jaffrey, NH 03452

Cell: 603-562-8994

rsangermano@townofjaffrey.com

Joined: 2/2020

Term #: 1

Term Length: 2 years

Expiration: 2/2022

Daria Levy

39 N. Lincoln Street, Apt. 2
Keene, NH 03431

(C) 603-757-3943

Joined: 9/2017

Term #: 1

Term Length: 2 years

Expiration: 4/2020

Amanda Pirner

59 Maple Avenue Apt. 5
Keene, NH 03431

Cell 301-455-6106

amandapirner@gmail.com

Joined: 2/2020

Term #: 1

Term Length: 2 years

Expiration: 2/2022

EXECUTIVE DIRECTOR

Peter Starkey

88 Howard Street

Keene, NH 03431

(C) 603-303-7247

pstarkey@monadnockpsa.org

Joined: 1/2018

Peter Starkey

EXPERIENCE

Executive Director, Monadnock Peer Support

Keene, NH | January 2018 - Present

- Direct all aspects of operations; including human resources, marketing, budgeting, utilization review, cost control, quality improvement, community/government relations, and risk management/safety.
- Advocate on behalf of agency constituents to local, state, and federal representatives and government agencies
- Supervise recruitment, training, and professional development of all staff
- Collaborate with staff and membership to develop & promote programming
- Responsible for financial stability and development of growth strategies from multiple revenue streams, including grant funding, fundraising, event management, and annual appeal
- Cultivate relationships with external audiences to form partnerships
- Accounting and fiscal management included preparation and presentation of financial reports for Board of Directors and governmental entities.
- Serve as media and community spokesperson.

Student Affairs Coordinator, School for International Training

Brattleboro, VT | August 2014 - December 2017

- Assessment of global risks (civil unrest, epidemics, terrorism) from various sources for a portfolio of worldwide programs in order to ensure student safety
- Manage undergraduate student mental health and wellbeing, formulate wellness plans, and work with students and staff when issues of psychological distress arise
- Coordinate crisis management response, in collaboration with designated staff and senior leadership, while communicating appropriate measures being executed to stakeholders (parents and schools)
- Primary point of contact as an approachable resource to parents and students for all wellness related questions, concerns, and issues
- Collaborate across the academic institution to design and implement specific resources and trainings to meet the needs of international staff and diverse students
- Aptitude toward identifying opportunities for improvement and utilizing current technology, in an effort to create more streamlined and efficient communication
- Overhaul policies & procedures to establish standards of excellence for the college

EDUCATION

George Washington University, Washington, DC
B.A. International Affairs - Aug. 2010- May 2014

SKILLS

- Policy development
- Government relations
- Budget development
- Fundraising/Grant Writing
- Crisis/Risk Management
- Staff development & training
- Conflict Resolution
- Microsoft Office and Google
- Database management
- Social Media (Facebook, Twitter, Instagram)

LEADERSHIP

- Vice-Chair, SAU-29*
Keene School District
- Member, Board of Directors*
Hundred Nights Shelter
- Member, Board of Directors*
NH Peer Voice
- President,*
Greater Keene Rotaract
- TEDx Speaker,*
TEDxKeene 2018
- 50 Under \$50K Honoree*
BuzzFeed/Bank of America
- 2019 Trendsetter Award*
The Keene Sentinel

JUDE GROPHEAR

WORK EXPERIENCE:

Advanced Level WRAP (Wellness Recovery Action Plan) Facilitator, October 2016 to Present

- Provides WRAP trainings through NH Peer Voice to employees of NH Peer Support Agencies and NH Community Mental Health Centers, including but not limited to WRAP Seminar I and WRAP Seminar II (Facilitator) Trainings
- Provides ongoing technical assistance to participants trained in WRAP/WRAP Facilitation

Organizational Intentional Peer Support (IPS) Trainer

Monadnock Area Peer Support Agency (MPS), Keene, NH, August 2016 to Present

- Provides IPS training to employees of MPS
- Provides IPS training through MPS to community members in the Monadnock Region and Southwest NH

Program Director

Monadnock Peer Support, Keene, NH, November 2011 to present

- Part of the Administrative Team providing logistical supervision and direction for Wellness Programs including administrative and operational support
- Utilizes organizational, logistical, and interpersonal skills to work effectively with diverse teams and actively engage with other team members, community partners, and external audiences.
- Actively supports recovery, promotes wellness, ensures sustainability in operational functions.
- Designs and implements innovative peer wellness programs to serve those in the greater Monadnock and Southwest NH community.
- Facilitates groups utilizing IPS, WRAP and Hearing Voices Network-USA peer support modalities

Co-Director

Elm City Child Care Keene, NH, February 2011 to November 2011

- Promoted from Lead Teacher to Director in February 2011.
- Acted as sole Director until Co-Director was hired in June 2011.
- Handled principle responsibilities for re-licensing with New Hampshire Child Care Licensing Unit through June 2011 (new license received June 2011).
- Supervised and supported 9 staff members, including Infant, Toddler and Preschool teams.
- Maintained interactive and collaborative relationships with families.

EDUCATION:

Bachelor of Science in Early Childhood Education

Bachelor of Arts in English; Minor: French

Keene State College, Keene, NH, December 2005

- International Exchange: Campus International, Tulon, France, Summer 2001

CERTIFICATIONS:

- CPR (2018-present) and Narcan (2017-present) certified
- Advanced Level WRAP (Wellness Recovery Action Plan) Facilitator, October 2016-Present
- Intentional Peer Support (IPS) Organizational Trainer, August 2016-Present
- Hearing Voices Network-USA Facilitator, April 2015-Present
- NH Teacher Certification in Early Childhood Education, 2005-Present

COMMUNITY INVOLVEMENT:

- Performer/Singer, Various Local Venues, 2004-Present
- Panelist, "The S Word" Screening and Panel with Lisa Klein, Film Director, 2019
- Presenter, Annual Peer Support Agency Conference, 2018
- Presenter, Alternatives Conference, 2018
- Presenter, World Hearing Voices Congress, 2017
- Presenter, Academic Excellence Conference at Keene State College, 2004, 2005
- Volunteer, Cohen Center for Holocaust Studies, Keene State College, 2003-2004

MEMBERSHIPS, HONORS & AWARDS:

- Recipient, NAMI (National Alliance on Mental Illness) NH Peer Support Award, 2018
- Recipient, Monadnock Area Peer Support Agency Great Commitment to IPS Award, 2016
- Recipient, New Hampshire Charitable Foundation Grant, 2016
- Recipient, Monadnock Area Peer Support Agency Excellence Award, 2013
- Member, National Association For the Education of Young Children, 2008-Present
- Member, *Sigma Tau Delta* (National English Honor Society) 2002-Present
- Member, National Society for Collegiate Scholars 2001-Present
- Recipient, New Hampshire Parent Teacher Association Scholarship December 2004
- Recipient, William D. Eppes Arts and Humanities Award Spring 2003
- Recipient, Charles Hilderbrant Holocaust Studies Award Spring 2003
- Recipient, Teacher Education Scholarship (KSC) 2003-2005

ADDITIONAL SKILLS:

- Knowledge of Microsoft Word, Excel, Publisher, PowerPoint, AppleWorks, iPhoto, iTunes
- Basic French

EXPERIENCE

Monadnock Peer Support, Keene, NH— Administrative Coordinator

February 2014 - PRESENT

-Planning, scheduling, and support of agency staff

- Oversee financial transactions
- Support develop quality assurance strategies
- Represent the agency at community meetings and/or events
- Submit required documentation to state of NH as mandated in state contract
- Collaborate with Administrative Team on agency priorities and goals
- Certified in Intentional Peer Support, Wellness Recovery Action Plan, and a group facilitator

Massachusetts Department of Public Health, Boston, MA— Training Supervisor

April 1989 - July 1994

- Managed quality assurance of statewide HIV antibody counseling and testing sites
- Provided initial and ongoing training support and supervision for 10 counselors and 40 direct service providers
- Administered contract for counselor training with Latino Health Network
- Authored the Massachusetts Counseling and Trainings Testing policy for adolescents at risk for HIV infection

Project RAP, Beverly, MA— Shelter Assistant Director

May 1983- August 1987

- Supported the director in all aspects of an emergency shelter for adolescents
- Supervised 6 direct service providers and 25 volunteers
- Managed the shelter monthly budget and finance documents

EDUCATION

Centre College, Danville, Kentucky — B.S. Psychology

August 1970 - May 1974

Antioch University New England, Keene, NH— M.A. Clinical Mental Health Counseling

August 2006 - May 2011

OTHER RELEVANT EXPERIENCE

- 1991- 1994- National Trainer, Westover Consultants, Washington, DC
- 1983-1984- Home Health Aide, Boston Visiting Nurses, Boston, MA
- 1981-1982- Case Manager- Tri-Town Council, Topsfield, MA
- 1977-1980- Counselor- Patchwork (Shelter for abused kids), Charleston, WV



have a long and varied work history, which may look like commitment issues to some, but I tend to think of it as the result of a highly curious mind. I believe that flexibility is synonymous with strength and that my work experience reflects that. Being able to draw from a variety of skillsets and see the relationship between seemingly disparate things has been a major boon in my adult life and will continue to be as I discover the strange and fantastic paths of my rambling future

CONTACT

[Redacted contact information]

[Redacted contact information]

PROFILE

Working with people and communities is my passion. I

Robertson, Douglas M. [REDACTED]

HOBBIES

Visual artist: Painting, Printmaking, design, Pottery
Yoga, Qi Gong, Physical Fitness Political and
cultural studies *Literature*
Poetry Readings
Spelunking
White water rafting

DOUGLASS M. ROBERTSON

EDUCATION

Portsmouth High school Class of 2006
High honors freshman/ Sophomore year.
Advanced and Independent studies in art.
Specifically Printmaking, Painting and
Sculpture.

WORK EXPERIENCE

Connections Peer Support Center Program
Coordinator

October 2017— 2019

Facilitate and Create Groups in coordination with
Membership. Involving Intentional peer support
topics, WRAP Courses. Harm Reduction, Addiction,
Grief, Anxiety and Depression management,
Cooking, Writing, and Art groups, Meditation and
yoga, as well as Community outreach in the form
of promotion Fundraising and Networking

Maine Meat Butcher's Apprentice

May 2018- January 2019

General Production/Prep, Fabrication of sausage, Deli
meats, Ground beef varieties, and butchers Cuts.
Management of dry age program, bacon curing and
deli meat brining. Retail assistance as needed.

The Press Room Sous Chef to Kitchen Manager

June 2016—April 2017

Work all positions and manage all elements of the
Press Room Kitchen in coordination with The Bar
Manager and Owner. Including special events, staffing
(hiring/firing /Scheduling)

Yelloyuth Band Frontman

2012-2019

Singer/songwriter Lead and Rhythm guitarist for Local
Gigging band, Worked booking Promoting and
Networking at 1 00+ events across several states.

James Noyes

James P. Noyes



Employment History

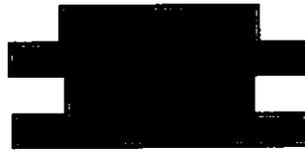
- 11/14 - Present Employed part time at Monadnock Area Peer Support Agency. Duties include: van driving, general maintenance, respite work, group facilitation.
- 5\94-5/2/14 Employed at the Wyman Way Co-op in several capacities, ex. painting, household repairs, driving, yard work, moving. Was the General Manager from 2006 to 5/2/14. Wyman Way went out of business.
Contacts: Marty Yauga: 852-2661, Sandy Jones: 357-4400
- 1992-1994 Living with parents and doing repairs on their house in Fitzwilliam, NH
- 10/91-5/92 Dish Washer and Salad Bar Tender at Keene State College.
- 1989-1991 Living with parents and doing repairs on their house in Fitzwilliam, NH
- 1988 Worked 4 months at Cole's Farm, Jaffrey, NH. Worked as egg packer, barn cleaning, cider bottling. Phone ; 532-8412
- 1987-1988 Worked 4 months in Northampton, MA driving buses in the 5 college area. Phone: 413-586-1909
- 6\87-9\87 Worked for the Town of Dover Public Schools, Dover, MA, as Janitor assistant. Phone: 508-785-1430
- 6/86-9/86 Wayland Country Club. Phone: 508-358-2250
Wayland, MA; helper for the golf course grounds keeper
- 5/82-12/83 Carpenter assistant for Geoffrey Lawrence, Dover, MA

Education History:

- 9/92-12/93 Full time student at Keene State College, Keene, NH.
Studied music, electronics, and economics
- 9/86-5/87 Full time student at the University of Massachusetts, Amherst, MA. Studied general education, philosophy, and psychology
- 9/84-12/85 Full time student at the State University of New York, New Paltz, NY
Studied general education
- 1/84-4/84 Full time student at Wittenberg University, Springfield, Ohio

1978-1982 Attended Dover/Sherborn High School, Dover, MA.
Graduated with a High School Diploma.

Sarah Harris



RECENT EXPERIENCE:

**2017-Present Monadnock Area Peer Support Agency Keene, NH
Support staff, Group Facilitator**

- Provide and practice Intentional Peer Support (IPS)
- Facilitate support groups
- Provide assistance to administrative team as needed
- Resolve conflicts with members using skill sets learned here
- To welcome visitors, and new members
- Attend all trainings and meetings
- Proficient office skills such as phone, fax, Microsoft Office, Sling, Google Apps

**2014-2016 Cheshire Medical Center/Dartmouth Hitchcock Keene, NH
RN- Specialty Medicine- Float Pool (per diem)**

- Work with doctor, LNA, patient to coordinate care
- Medication refills via fax, and phone calls to pharmacy
- Maintain and update patient records as needed
- Prepare patients (gather vital signs, update current medications, and allergies)
- Phone triage

**2013-2014 Cheshire Medical Center/Dartmouth Hitchcock Keene, NH
RN- Farnum Rehabilitation**

- Administer oral and IV medication
- Resident assessment
- Wound treatment
- FIM scoring with charting
- Work with PT, OT, ST to help patient regain or maintain highest functioning level

**2010-2013 Genesis Healthcare Keene, NH
LPN**

- Administer medication
- Resident assessment
- Wound treatment

- Provide end of life care

EDUCATION:

Associate of Science Degree in Nursing, 2013

Joseph School of Nursing 2013

Nashua, NH

Practical Nurse License, 2010

St. Joseph School of Nursing 2010

Keene, NH

CERTIFICATIONS:

IV certification class, IPS, 101, IPS Core, Wrap Overview, Wrap Facilitator, CPR, Facilitator Training, CPR, Narcan Training

CLINICAL TRAINING:

Apply the nursing process for patients in a variety of settings including Operating Room, Intensive Care Unit, Medical-Surgical, Labor and Delivery, Orthopedics, and Neurology

Kyle Pence

Kyle Pence

Experience

11-2017 – Present

Respite curator, Support staff, Driver Monadnock area Peer support agency

Talk to respite guest

Answer phones

Support members and peers in day to day activities

Take members and staff to and from MPS in van

4-15-2015 – 11-2015

Flooring Associate, Home Depot

Sold flooring installations including hardwood, laminate, tile, and carpet

Assisted customers with selection and purchasing of merchandise

Answered any and all questions regarding the installation process

Merchandised products and implemented cap designs

Education

June 1987

HS diploma, moorestown Hlgh School

June 2001

De Anza college

Training

IPS 101

IPS CORE

WRAP OVERVIEW

NARCAN TRAINING

CPR CERTIFIED

DEFENSIVE DRIVING

Douglas Burdick



Experience

5/2017 – Present

Driver, support staff, Monadnock area Peer support agency

Provides transportation to and from Monadnock Peer Support from within Cheshire County

Fill out paperwork, fill out mileage log

Get gas as needed

Answer phone calls

Give support to members and peers

12/90 – 11/2007

window clerk, united states postal office

Wait on the public selling stamps, mailing packages, selling a wide variety of mailing services to the public

Sort and distribute mail to the mail carriers

Education

06/1991

Hs diploma, Keene High school, keene, nh

.....

Skills

- Retail Sales
- Experienced customer service with the public
- Experienced Driver
- *Intentional Peer Support 101*
- *Intentional Peer Support-Core*

Training

- *Safe Driving Skills*
- *Wellness Recovery Action Plan (WRAP)*
- *Suicide Prevention*

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Peter Starkey	Executive Director	42,000	100	42000
Jude Grophear	Program Director	28,000	100	28000
Doug Robertson	Respite and Community Impact Director	34,000	100	34000
Jim McLaughlin	Administrative Coordinator	15,000	100	15000
Sarah Harris	Operations Assistant	6,250	100	6250
James Noyes	Group Fac./Driver	8,320	100	8320
Kyle Pence	Respite	13,000	100	13000
VACANT	Respite	13,000	100	13000
Doug Burdick	Driver	7,280	100	7280

**New Hampshire Department of Health and Human Services
Peer Support Services**



**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Peer Support Services Contract**

This 3rd Amendment to the Peer Support Services contract (hereinafter referred to as "Amendment #3") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and On the Road to Recovery, Inc., (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 377 South Willow Street, Suite B2-4, Manchester, NH 03103.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2016, (Item #23), as amended on June 20, 2018, (Item #33B), and on June 19, 2019, (Item #28), 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 or terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18 and Exhibit C-1, Revisions to General Provisions, Paragraph 3, the Contract may be amended and extended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

WHEREAS, all terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #3 remain in full force and effect; and

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 1.7, Completion Date to read:
June 30, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,566,471.
3. Modify Exhibit A – Amendment #2, Scope of Services, Subsection 1.5., to read:
1.5. RESERVED.
4. Modify Exhibit A – Amendment #2, Scope of Services, Section 3., Subsection 3.1. Peer Support Services, Paragraph 3.1.1., Subparagraph 3.1.1.2. to read:
3.1.1.2. Maintaining a safe physical location that:
 - 3.1.1.2.1. Is open a minimum total of forty-four (44) hours per week, eight (8) hours per day, five days per week and four (4) hours on one (1) additional day per week at each location; and
 - 3.1.1.2.2. Provides face-to-face or telephone peer support services to peer support agency members or others who contact the peer support agency at a minimum of forty (40) hours per week at each location.
5. Modify Exhibit A – Amendment #2, Scope of Services, Section 11. Reporting, Subsection 11.3., to read:
11.3. The Contractor shall provide to the Department by the fifteenth (15th) day of the month following the end of each quarter, the prior quarter's Board of Director meeting minutes,

**New Hampshire Department of Health and Human Services
Peer Support Services**



with all attachments, including, but not limited to, the Executive Director's report and Board of Directors' Roster.

6. Modify Exhibit A – Amendment #2, Scope of Services, Section 11. Reporting, Subsection 11.5., to read:
 - 11.5. The Contractor shall submit a quarterly written report to the Department, on a form supplied by the Department, no later than the fifteenth (15th) day of the month following the quarter regarding:
 - 11.5.1. Community outreach activities as outlined in Section 12., Deliverables, Subsection 12.3.
 - 11.5.2. Compilation of program evaluation and surveys submitted in the past quarter.
 - 11.5.3. Quarterly peer support service deliverables as identified on templates provided by the Department.
 - 11.5.4. Quarterly statistical data including, but not limited to:
 - 11.5.4.1. The total number of unduplicated participants served on a daily basis.
 - 11.5.4.2. The total number of current members, defined as only those members who have been served within the past year.
 - 11.5.4.3. Program utilization totals by percentage.
 - 11.5.4.4. Number of telephone peer support contacts.
 - 11.5.4.5. Number and description of outreach activities.
 - 11.5.4.6. Number and description of educational events provided:
 - 11.5.4.6.1. On-site; and
 - 11.5.4.6.2. In the community.
7. Add Exhibit A – Amendment #2, Scope of Services, Section 12. Deliverables, Subsection 12.1., Paragraph 12.1.6, to read:
 - 12.1.6. Five (5) of these hours may be conducted in the center's community or region as approved through the Department.
8. Add Exhibit A – Amendment #2, Scope of Services, Section Quality Improvement, Subsection 13.5., to read:
 - 13.5. The Contractor shall provide all requested audits within ten (10) days of receiving the request from the Department.
9. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 5., to read:
 5. Subsequent to the action in Section 4., the Department shall make monthly payments to the Contractor based upon cost reimbursement as submitted by the Contractor to maintain services and approved by the Department, of the Department approved budget amounts in Exhibit B-1 Budget Form through Exhibit B-6 Amendment #3 SFY 2022 Budget.
 - 5.1. In no event shall the total of the initial payment in Section 4. and monthly payments in Section 5. exceed the budget amounts set forth in Section 5.
 - 5.2. The Department will adjust monthly payments for expenditures set forth in Section 9., below and amounts paid to initiate services in Section 4., above.

**New Hampshire Department of Health and Human Services
Peer Support Services**



- 5.2. Expenditures shall be in accordance with the budgets identified in Section 5., as approved by the Department.
- 5.3. Allowable costs and expenses shall be determined by the Department, in accordance with applicable state and federal laws and regulations.
10. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 6., to read:
 6. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
11. Modify Exhibit B-4 by deleting its content in its entirety and replacing it with Exhibit B-4 Amendment #3, SFY 2020 Budget, which is attached hereto and incorporated by reference herein.
12. Add Exhibit B-5 – Amendment #3, SFY 2021 Budget which is attached hereto and incorporated by reference herein.
13. Add Exhibit B-6 – Amendment #3, SFY 2022 Budget which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services
Peer Support Services



All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #3 remain in full force and effect. 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

5-26-2020
Date


Name: Katja A. Fox
Title: Director

On the Road to Recovery, Inc.

05/21/2020
Date


Name: Kyle Winston
Title: Chairman of the Board

**New Hampshire Department of Health and Human Services
Peer Support Services**



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

OFFICE OF THE ATTORNEY GENERAL

6/3/20
Date

/s/ Christen Lavers
Name:
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit B-4 - Amendment #3

SFY 2020 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: <u>On The Road to Recovery, Inc.</u>		
Budget Request for: <u>Peer Support Services</u>		
Budget Period: <u>SFY20 (7/1/19 through 6/30/20)</u>		
Line Item Budget - Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	181,511.00
602	Employee Benefit	26,703.00
603	Payroll taxes	13,886.00
	Subtotal	222,100.00
620	PROFESSIONAL FEES	
624	Accounting	
625	Audit Fees	7,500.00
626	Legal Fees	
627	Other Professional Fees and Consultants	
	Subtotal	7,500.00
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	
632	In-Service Training	3,000.00
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	3,000.00
640	OCCUPANCY COSTS	
641	Rent	82,594.00
642	Mortgage Payments	
643	Heating Costs	8,438.00
644	Other Utilities	8,090.00
645	Maintenance and Repairs	4,130.00
646	Taxes	
647	Other Occupancy Costs	2,300.00
	Subtotal	105,552.00
650	CONSUMABLE SUPPLIES	
651	Office	8,092.00
652	Building/Household	8,196.00
653	Rehabilitation/Training	
655	Food	1,400.00
657	Other Consumable Supplies	1,956.00
	Subtotal	19,644.00
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	2,901.00
670	EQUIPMENT RENTAL	5,600.00
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	2,623.00
710	PRINTING	1,350.00
720	TELEPHONE/COMMUNICATIONS	11,800.00
730	POSTAGE/SHIPPING	1,650.00
	Subtotal	25,924.00
740	TRANSPORTATION	
741	Board Members	
742	Staff	6,890.00
743	Members and Participants	12,664.00
	Subtotal	19,554.00
750	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
760	INSURANCE	
761	Malpractice & Bonding	1,630.00
762	Vehicles	3,826.00
763	Comprehensive Property & Liability	7,069.00
800	OTHER EXPENDITURES	1,000.00
801	INTEREST EXPENSE	
	Subtotal	13,525.00
	TOTAL PROGRAM EXPENSES	416,799.00

Exhibit B-5 - Amendment #3

SFY 2021 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: <u>On The Road to Recovery, Inc.</u>		
Budget Request for: <u>Peer Support Services</u>		
Budget Period: <u>SFY21 (7/1/20 through 6/30/21)</u>		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	181,511.00
602	Employee Benefit	26,703.00
603	Payroll taxes	13,886.00
	Subtotal	222,100.00
620	PROFESSIONAL FEES	
624	Accounting	
625	Audit Fees	7,500.00
626	Legal Fees	
627	Other Professional Fees and Consultants	
	Subtotal	7,500.00
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	
632	In-Service Training	3,000.00
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	3,000.00
640	OCCUPANCY COSTS	
641	Rent	83,860.00
642	Mortgage Payments	
643	Heating Costs	8,438.00
644	Other Utilities	8,090.00
645	Maintenance and Repairs	4,130.00
646	Taxes	
647	Other Occupancy Costs	2,300.00
	Subtotal	106,818.00
650	CONSUMABLE SUPPLIES	
651	Office	8,092.00
652	Building/Household	8,196.00
653	Rehabilitation/Training	
655	Food	1,400.00
657	Other Consumable Supplies	500.00
	Subtotal	18,188.00
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	2,901.00
670	EQUIPMENT RENTAL	4,540.00
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	2,623.00
710	PRINTING	350.00
720	TELEPHONE/COMMUNICATIONS	11,800.00
730	POSTAGE/SHIPPING	1,650.00
	Subtotal	23,864.00
740	TRANSPORTATION	
741	Board Members	
742	Staff	2,890.00
743	Members and Participants	12,664.00
	Subtotal	15,554.00
750	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
760	INSURANCE	
761	Malpractice & Bonding	1,630.00
762	Vehicles	3,826.00
763	Comprehensive Property & Liability	7,069.00
800	OTHER EXPENDITURES	1,000.00
801	INTEREST EXPENSE	
	Subtotal	13,525.00
	TOTAL PROGRAM EXPENSES	410,549.00

KW

Exhibit B-6 - Amendment #3

SFY 2022 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: <u>On The Road to Recovery, Inc.</u>		
Budget Request for: <u>Peer Support Services</u>		
Budget Period: <u>SFY22 (7/1/21 through 6/30/22)</u>		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	181,511.00
602	Employee Benefit	26,703.00
603	Payroll taxes	13,886.00
	Subtotal	222,100.00
620	PROFESSIONAL FEES	
624	Accounting	
625	Audit Fees	7,500.00
626	Legal Fees	
627	Other Professional Fees and Consultants	
	Subtotal	7,500.00
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	
632	In-Service Training	3,000.00
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	3,000.00
640	OCCUPANCY COSTS	
641	Rent	84,751.00
642	Mortgage Payments	
643	Heating Costs	8,438.00
644	Other Utilities	8,090.00
645	Maintenance and Repairs	4,130.00
646	Taxes	
647	Other Occupancy Costs	2,300.00
	Subtotal	107,709.00
650	CONSUMABLE SUPPLIES	
651	Office	8,092.00
652	Building/Household	8,196.00
653	Rehabilitation/Training	
655	Food	1,400.00
657	Other Consumable Supplies	500.00
	Subtotal	18,188.00
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	2,901.00
670	EQUIPMENT RENTAL	4,540.00
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	1,732.00
710	PRINTING	350.00
720	TELEPHONE/COMMUNICATIONS	11,800.00
730	POSTAGE/SHIPPING	1,650.00
	Subtotal	22,973.00
740	TRANSPORTATION	
741	Board Members	
742	Staff	2,890.00
743	Members and Participants	12,664.00
	Subtotal	15,554.00
750	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
760	INSURANCE	
761	Malpractice & Bonding	1,630.00
762	Vehicles	3,826.00
763	Comprehensive Property & Liability	7,069.00
800	OTHER EXPENDITURES	1,000.00
801	INTEREST EXPENSE	
	Subtotal	13,525.00
	TOTAL PROGRAM EXPENSES	410,549.00

State of New Hampshire

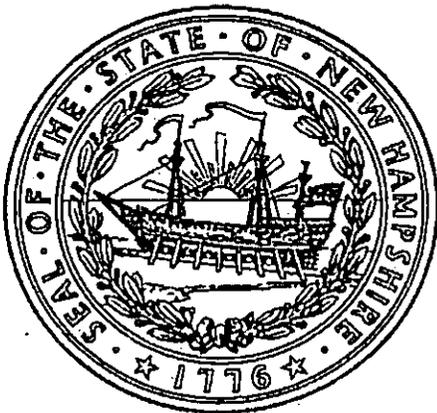
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that ON THE ROAD TO RECOVERY, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 16, 1988. 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: 136413

Certificate Number: 0004918587



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 20th day of May A.D. 2020.

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

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Kathleen Abate, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of On the Road to Recovery
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on May 21, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

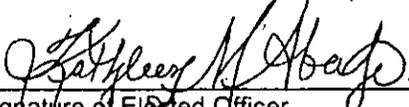
VOTED: That Kyle Winston, Chairman of the Board (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of On the Road to Recovery to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 05/21/2020



Signature of Elected Officer
Name: Kathleen Abate
Title: Secretary/Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Eleanor Spinazzola PHONE (AC, No, Ext): (603) 293-2791 FAX (AC, No): (603) 293-7188 E-MAIL ADDRESS: Eleanorspinazzola@esinsurance.net
	INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Insurance Co INSURER B : FirstComp INSURER C : INSURER D : INSURER E : INSURER F :
INSURED On The Road To Recovery, Inc., DBA: On The Road To Wellness 373 South Willow Street D1-1 Box 316 Manchester NH 03103	

COVERAGES

CERTIFICATE NUMBER: 21-22

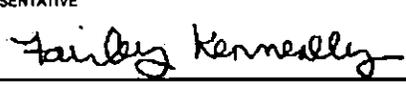
REVISION NUMBER:

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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		PHPK1981723	07/01/2020	07/01/2021	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 - COMPIOPAGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK1981744	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Terrorism Coverage \$
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		PHUB675926	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A		WC0195685-02	03/19/2020	03/19/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 Schedules, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

DHHS 129 Pleasant Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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On the Road to Wellness

An Adult Education and Mental Wellness Center

On the Road to Recovery
(dba On the Road to Wellness)

Mission Statement

On the Road to Wellness is a Not-for-Profit Consumer-Driven Community of Peers Dedicated to Educate, Advocate, and Empower our Members to Manage and Maintain their Mental Health and Wellness.

ON THE ROAD TO RECOVERY, INC
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
Years Ended June 30, 2019 and 2018

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ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

46 N. STATE STREET
CONCORD, NEW HAMPSHIRE 03301
TELEPHONE (603) 228-5400
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MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MEMBER OF THE PRIVATE
COMPANIES PRACTICE SECTION

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
On The Road to Recovery, Inc.
Manchester, New Hampshire

We have audited the accompanying financial statements On The Road to Recovery, Inc. (a New Hampshire nonprofit corporation), which comprises the statements of financial position as of June 30, 2019 and the related statements of activities and changes in net assets, cash flows and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of On The Road to Recovery, Inc. as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America

Report on Summarized Comparative Information

We have previously audited On The Road to Recovery, Inc.'s 2018 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 26, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on page 14 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Rowley & Associates, PC

Rowley & Associates, P.C.
Concord, New Hampshire
August 23, 2019

ON THE ROAD TO RECOVERY, INC
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2019 AND 2018
See Independent Auditors' Report

ASSETS	<u>2019</u>	<u>2018</u>
CURRENT ASSETS		
Cash and cash equivalents		
Operating	\$ 43,443	\$ 44,616
BMHS refundable	35,769	96,795
Total cash and cash equivalents	<u>79,212</u>	<u>141,411</u>
Accounts receivable	8,643	5,251
Funds held for others	-	2,171
Prepaid expenses	11,686	17,375
Total Current Assets	<u>99,541</u>	<u>166,208</u>
PROPERTY AND EQUIPMENT, at cost		
Leasehold improvements	57,154	53,144
Vehicles	66,095	48,071
Equipment & furniture	42,292	42,292
	<u>165,541</u>	<u>143,507</u>
Less accumulated depreciation	(96,734)	(98,301)
	<u>68,807</u>	<u>45,206</u>
OTHER ASSETS		
Investments	1,427	1,427
Deposits	6,675	6,675
	<u>8,102</u>	<u>8,102</u>
Total Assets	<u>176,450</u>	<u>219,516</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	20,416	20,080
Accrued expenses	13,473	19,137
Housing escrow payable	-	2,171
Deferred revenue, BMHS funds	35,769	96,795
Total Current Liabilities	<u>69,658</u>	<u>138,183</u>
NET ASSETS		
With donor restriction	-	-
Without donor restriction	106,792	81,333
	<u>106,792</u>	<u>81,333</u>
Total Liabilities and Net Assets	<u>\$ 176,450</u>	<u>\$ 219,516</u>

Notes to Financial Statements

ON THE ROAD TO RECOVERY, INC
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2019 AND 2018
See Independent Auditors' Report

	<u>2019</u>	<u>2018</u>
REVENUES, GAINS AND OTHER SUPPORT		
Grant income	\$ 442,897	\$ 444,756
Contribution income	7,851	4,734
Program service and other revenue	3,499	3,425
Interest income	324	107
Total support and revenue	<u>454,571</u>	<u>453,022</u>
 EXPENSES		
Program	415,660	422,576
Management & general	13,452	10,771
Total expenses	<u>429,112</u>	<u>433,347</u>
 Increase in net assets	25,459	19,675
 Net assets, beginning of year	<u>81,333</u>	<u>61,658</u>
 Net assets, end of year	<u>\$ 106,792</u>	<u>\$ 81,333</u>

Notes to Financial Statements

ON THE ROAD TO RECOVERY, INC
STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2019 AND 2018
See Independent Auditors' Report

	<u>2019</u>	<u>2018</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase in net assets	\$ 25,459	\$ 19,675
Adjustments to reconcile excess of revenue and support over expenses to net assets provided by operating activities		
Depreciation & amortization	10,375	11,429
(Increase) Decrease in operating assets		
Funds held for others	2,171	(1)
Accounts Receivable	(3,392)	(388)
Prepaid expenses	5,689	(1,924)
Deposits	-	(4,000)
Increase (Decrease) in operating liabilities		
Accounts payable	336	14,842
Accrued expenses	(5,664)	2,878
Housing escrow	(2,171)	1
Deferred revenue, restricted BMHS funds	(61,026)	(1,898)
BMHS funds transferred to other agency	-	-
Net Cash Provided (Used) By Operating Activities	<u>(28,223)</u>	<u>40,614</u>
 CASH USED BY INVESTING ACTIVITIES		
Purchases of vehicle and equipment	<u>(33,976)</u>	<u>(23,208)</u>
 Net Increase (Decrease) in Cash and Cash Equivalents	(62,199)	17,406
 Cash and Cash Equivalents, Beginning of Year	<u>141,411</u>	<u>124,005</u>
 Cash and Cash Equivalents, End of Year	<u>\$ 79,212</u>	<u>\$ 141,411</u>

ON THE ROAD TO RECOVERY, INC
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED JUNE 30, 2019 WITH COMPARATIVE TOTALS FOR
THE YEAR ENDED JUNE 30, 2018
See Independent Auditors' Report

	<u>Derry Costs</u>	<u>Manchester Costs</u>	<u>Total Programs</u>	<u>Management & General</u>	<u>Total 2019</u>	<u>Total 2018</u>
Wages	\$ 52,859	\$ 139,228	\$ 192,087	\$ 1,500	\$ 193,587	\$ 170,773
Employee benefits	1,998	14,638	16,636	-	16,636	12,484
Payroll taxes	4,177	11,021	15,198	115	15,313	13,205
Rent	33,000	47,999	80,999	-	80,999	87,350
In-service training	49	5,474	5,523	-	5,523	4,519
Journals and publications	-	50	50	-	50	-
Telephone and internet	6,304	6,727	13,031	-	13,031	10,854
Utilities	8,436	5,585	14,021	-	14,021	12,697
Insurance	1,920	10,108	12,028	-	12,028	11,447
Repairs and maintenance	900	4,596	5,496	-	5,496	9,387
Office supplies	3,778	12,077	15,855	1,040	16,895	17,792
Household supplies	5,381	9,925	15,306	1,123	16,429	15,305
Other occupancy costs	-	-	-	-	-	8,025
Advertising	469	2,310	2,779	-	2,779	1,060
Food and consumable supplies	1,826	612	2,438	161	2,599	3,038
Legal and accounting	2,380	4,620	7,000	-	7,000	11,480
Equipment rental	2,200	3,200	5,400	-	5,400	5,521
Transportation	723	315	1,038	-	1,038	1,618
Vehicle expense	1,356	2,840	4,196	-	4,196	10,395
Depreciation and amortization	-	2,901	2,901	7,474	10,375	11,429
Printing	-	224	224	-	224	2,235
Postage	-	1,949	1,949	-	1,949	1,641
Dues and subscriptions	-	580	580	-	580	295
Other expenses	31	894	925	2,039	2,964	10,797
	<u>\$ 127,787</u>	<u>\$ 287,873</u>	<u>\$ 415,660</u>	<u>\$ 13,452</u>	<u>\$ 429,112</u>	<u>\$ 433,347</u>

Notes to Financial Statements

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 1 NATURE OF ORGANIZATION

On The Road to Recovery, Inc. (OTRTR) is a nonprofit organization incorporated, operating under the DBA, On The Road to Wellness, under the laws of the State of New Hampshire. It operates as a consumer directed peer support organization for adults with long term mental illness, enhancing personal wellness, independence and responsibility. The Organization is supported primarily by grants from the State of New Hampshire.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of OTRTR is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of OTRTR's management who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The financial records for OTRTR are maintained on the accrual basis of accounting. Consequently, revenues are recognized when earned and expenses are recognized when incurred.

Basis of Presentation

The financial statements of OTRTR have been prepared on the accrual basis of accounting whereby revenues are recorded when earned and expenses are recorded when the obligation is incurred. The organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions - These net assets generally result from revenues generated by receiving contributions that have no donor restrictions, providing services, and receiving interest from operating investments, less expenses incurred in providing program-related services raising contributions, and performing administrative functions.

Net assets with donor restrictions - These net assets result from gifts of cash and other assets that are received with donor stipulations that limit the use of the donated assets, either temporarily or permanently, until the donor restriction expires, that is until the stipulated time restriction ends or the purpose of the restriction is accomplished, the net assets are restricted.

Cash equivalents

For purposes of the statement of cash flows, OTRTR considers cash on hand, deposits in banks and investments to be cash equivalents.

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Support and revenue

The Organization receives most of its revenue in the form of grants from the State of New Hampshire Department of Health and Human Services Division of Behavioral Health (BMHS) and from the United States Department of Housing and Urban Development (HUD). The Organization participates in wagering programs in connection with its fundraising programs and also accepts voluntary contributions for meals.

Property and Equipment

Property and equipment are carried at cost. Depreciation is calculated on the straight-line method over the estimated useful lives of the assets. Minor repairs and maintenance are expensed as incurred. Major repairs and renovations which materially extend the useful lives of the assets are capitalized. Major classes of depreciable assets and their estimated lives are as follows:

<u>Description</u>	<u>Years</u>
Leasehold improvements	10
Equipment	5
Vehicle	5

Depreciation expense was \$10,375 and \$11,429 for the years ended June 30, 2019 and 2018, respectively.

Function Allocation of items

The costs of providing various program, management and rental services have been summarized in the statement of activities. Accordingly, certain costs have been allocated among the programs.

Advertising

The Organization expenses advertising costs as incurred. OTRTR had advertising costs of \$2,779 and \$1,060 as of June 30, 2019 and 2018, respectively.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Income taxes

The Organization has been notified by the Internal Revenue Service that it is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code. The Organization is further classified as an organization that is not a private foundation under Section 509(a)(3) of the Code. The most significant tax positions of the Organization are its assertion that it is exempt from income taxes and its determination of whether any amounts are subject to unrelated business tax (UBIT). The Organization follows guidance of Accounting Standards Codification (ASC) 740, Accounting for Income Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than not for recognition of tax positions taken or expected to be taken in a tax return. All significant tax positions have been considered by management. It has been determined that it is more likely than not that all tax positions would be sustained upon examination by taxing authorities. Accordingly, no provision for income taxes has been recorded.

In-Kind Contributions

In-kind contributions are recorded at fair market value and recognized as revenue in the accounting period in which they are received. Volunteers, mainly board members, donate time to OTRTR's program services. These services are not included in donated materials and services because the value has not been determined.

Donated Materials and Services

It is the intent of OTRTR to record the value of donated goods and services when there is an objective basis available to measure their value. For the years ended June 30, 2019 and 2018, there were no donated goods or services.

Concentration of Risk

The Organization maintains cash balances in several accounts at local banks. These accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At various times throughout the year, the Organization may have cash balances at the financial institution that exceeds the insured amount. Management does not believe this concentration of cash results in a high level of risk for the Organization. At June 30, 2019 and 2018 the Organization had no uninsured cash balances.

Comparative Financial Information

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended June 30, 2018, from which the summarized information was derived.

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Financial Instruments

The carrying value of cash and cash equivalents, prepaid expenses, accounts receivable accounts payable and accrued expenses are stated at carrying cost at June 30, 2019 and 2018, which approximates fair value due to the relatively short maturity of these instruments.

New Accounting Pronouncement

During the year ended June 30, 2019, the Organization adopted the requirements of the Financial Accounting Standards Board's Accounting Standards Update No. 2016- 14— Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities (ASU 2016- 14). This Update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return between not-for-profit entities. A key change required by ASU 2016-14 is the net asset classes used in these financial statements. Amounts previously reported as unrestricted net assets are now reported as net assets without donor restrictions and amounts previously reported as temporarily restricted net assets and permanently restricted net assets are now reported as net assets with donor restrictions.

The accompanying information from the 2018 financial statements has been restated to conform to the 2019 presentation and disclosure requirements of ASU 2016-14.

Reclassifications

Certain financial statement and note information from the prior year financial statements has been reclassified to conform with current year presentation format.

NOTE 3 ECONOMIC DEPENDENCY

OTRTR currently receives grant funds from the State of New Hampshire Bureau of Mental Health Services. These funds are the primary source of the Organization's support. If a significant reduction or delay in the level of support were to occur, it would have an adverse effect on the Organization's programs and activities. For the years ended June 30, 2019 and 2018, the State grants made up 97% and 98% of OTRTR's total support.

NOTE 4 REVIEW BY OUTSIDE AGENCIES

The activities of the Organization are subject to examination for compliance with the requirements of the granting agency.

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 5 RETIREMENT PLAN

The Organization implemented an employee IRA plan for full time employees. The State of New Hampshire approves the allocation of retirement funds and reimburses OTRTR for the expenses. Eligible employees do not make salary reduction contributions. There were contributions of \$2,350 and \$2,350 for the years ended June 30, 2019 and 2018, respectively.

NOTE 6 OPERATING LEASE COMMITMENT

Since July 1, 2011 OTRTR has been a tenant at will for its Derry, New Hampshire location. Total rent expense for the years ended June 30, 2019 and 2018 was \$33,000 and \$32,100, respectively. There is no required future minimum payment.

OTRTR was a tenant at will for its Manchester, New Hampshire location until April 2018. Total rent expense related to this location was \$-0- and \$47,250 for the years ended June 30, 2019 and 2018, respectively.

In May 2018 the Organization entered a ten-year, four-month lease for its Manchester, New Hampshire location. Total rent expense related to this location was \$47,999 and \$8,000 for the years ended June 30, 2019 and 2018, respectively. Future minimum rent as of June 30 is as follows:

2020	\$ 48,758
2021	49,701
2022	50,675
2023	51,678
2024	52,711
Thereafter	<u>174,009</u>
	<u>\$427,532</u>

NOTE 7 FUNDS HELD FOR OTHERS

The Organization has entered into an agreement in which it operates Bingo games on behalf of other not for profit agencies. Undistributed cash from these activities are recorded as a liability. Funds held for others consisted of the following on June 30:

	<u>2019</u>	<u>2018</u>
Housing escrow payable	<u>\$ -0-</u>	<u>\$ 2,171</u>

NOTE 8 SUBSEQUENT EVENTS

Management has evaluated subsequent events through August 23, 2019, the date on which the financial statements were available to be issued to determine if any are of such significance to require disclosure. It has been determined that no subsequent events matching this criterion occurred during this period.

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 9 REFUNDABLE BMHS ADVANCE

Under the terms of the service agreement with the Bureau of Behavioral Health (BMHS), a division of the State of New Hampshire's Department of Health and Human Services, OTRTR was required to segregate amounts received in excess of allowable expenses. Funds set aside in accordance with this requirement amounted to \$35,769 and \$96,795 for the years ended June 30, 2019 and 2018, respectively.

During the year ended June 30, 2019 BMH changed their policy regarding excess of allowable expenses. The new terms require BMH to adjust future grant distributions according to the net excess or deficit of funds per the organization's audited financial reports.

NOTE 10 FAIR VALUE MEASUREMENTS

In accordance with FASB ASC 820, *Fair Value Measurements and Disclosures*, the Organization is required to disclose certain information about its financial assets and liabilities. Fair values of assets measured on a recurring basis at June 30 were as follows:

	<u>Fair Value</u>	Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant other Observable inputs (Level 2)
<u>2019</u>			
Accounts Receivable	\$ 8,643	\$ -	\$ 8,643
Investments	<u>1,427</u>	<u>1,427</u>	<u>-</u>
	<u>\$ 10,070</u>	<u>\$ 1,427</u>	<u>\$ 8,643</u>
 <u>2018</u>			
Accounts Receivable	\$ 5,251	\$ -	\$ 5,251
Investments	<u>1,427</u>	<u>1,427</u>	<u>-</u>
	<u>\$ 6,678</u>	<u>\$ 1,427</u>	<u>\$ 5,251</u>

Fair values for investments were determined by reference to quoted market prices and other relevant information generated by market transactions. The fair value of accounts receivable are estimated at the present value of expected future cash flows.

NOTE 11 BOARD DESIGNATED NET ASSETS

The Organization has no board designated net assets as of June 30, 2019.

ON THE ROAD TO RECOVERY, INC
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019, and 2018

NOTE 12 LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization's primary source of support is grants. That support is held for the purpose of supporting the Organization's budget. The Organization had the following financial assets that could be readily made available within one year to fund expenses without limitations:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 79,212	\$141,411
Accounts receivable	8,643	5,251
Funds held for others	<u>-</u>	<u>2,171</u>
	<u>87,855</u>	<u>148,833</u>
Less amounts:		
Deferred revenue, BMHS funds required to be maintained under State agreement	(35,769)	(96,795)
Housing escrow payable, held for others	<u>-</u>	<u>(2,171)</u>
	<u>(35,769)</u>	<u>(98,966)</u>
	<u>\$ 52,086</u>	<u>\$ 49,867</u>

ON THE ROAD TO RECOVERY, INC
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
BY STATE APPROVED BMHS FUNDS
YEAR ENDED JUNE 30, 2019
See Independent Auditors' Report

	State Approved BMHS Funds	Non-BMHS Funds	Total
REVENUES, GAINS AND OTHER SUPPORT			
Grant income, current year	\$ 422,858	\$ -	\$ 422,858
Grant income, prior year release	11,396	-	11,396
Grant income, supplemental grant	8,643	-	8,643
Contribution income	-	7,851	7,851
Program service and other revenue	-	3,499	3,499
Interest income	320	4	324
Total support and revenue	<u>443,217</u>	<u>11,354</u>	<u>454,571</u>
EXPENSES			
Wages	192,087	1,500	193,587
Employee benefits	16,636	-	16,636
Payroll taxes	15,198	115	15,313
Rent	80,999	-	80,999
In-service training	5,523	-	5,523
Journals and publications	50	-	50
Telephone	13,031	-	13,031
Utilities	14,021	-	14,021
Insurance	12,028	-	12,028
Repairs and maintenance	5,496	-	5,496
Office supplies	15,855	1,040	16,895
Household supplies	15,306	1,123	16,429
Advertising	2,779	-	2,779
Food and consumable supplies	2,438	161	2,599
Audit fees	7,000	-	7,000
Equipment rental	5,400	-	5,400
Transportation	1,038	-	1,038
Vehicle maintenance	4,196	-	4,196
Depreciation and amortization	2,901	7,474	10,375
Printing	224	-	224
Postage	1,949	-	1,949
Dues and subscriptions	580	-	580
Other expenses	925	2,039	2,964
Total expenses	<u>415,660</u>	<u>13,452</u>	<u>429,112</u>
Net Operating Increase (Decrease) in Net Assets	27,557	(2,098)	25,459
BMHS funds allowed for capital purchases	<u>(33,976)</u>	<u>33,976</u>	<u>-</u>
Net Increase (Decrease) in Net Assets	(6,419)	31,878	25,459
Net assets, beginning of year	<u>\$ -</u>	<u>\$ 81,333</u>	<u>\$ 81,333</u>
Net assets (deficit), end of year	<u>\$ (6,419)</u>	<u>\$ 113,211</u>	<u>\$ 106,792</u>

Notes to Financial Statements



On the Road to Recovery
 (dba On the Road to Wellness)
BOARD OF DIRECTORS
 Updated May 21, 2020

Executive Committee

Directors (Continued)

Directors (Continued)

Chairman

Kyle Winston

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Joined: 10-19-2017
 Term #1
 Term Length: 3 Years
 Expiration: 03-2020 (extended - COVID)

Heather Williams

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Joined: 02-21-2019
 Term #1
 Term Length: 3 Years
 Expiration: 03-2022

Elias Koester

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Joined: 05-31-2018
 Term #1
 Term Length: 3 Years
 Expiration: 03-2021

Vice-Chairman

Amy Pratte

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Joined: 01-10-2013
 Term #2
 Term Length: 3 Years
 Expiration: 03-2022

Thomas (Thom) DeFelice

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Joined: 01-18-2018
 Term #1
 Term Length: 3 Years
 Expiration: 03-2021

William (Bill) Keating

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Joined: 07-18-2019
 Term #1
 Term Length: 3 Years
 Expiration: 03-2022

Secretary/Treasurer

Kathleen Abate

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Joined: 08-11-2016
 Term #1
 Term Length: 3 Years
 Expiration: 03-2020 (extended - COVID)

David Carroll

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Joined: 01-18-2018
 Term #1
 Term Length: 3 Years
 Expiration: 03-2021

Administrative Team

Executive Director

David Blacksmith

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Directors

Juanita Leach

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Joined: 01-10-2013
 Term #2
 Term Length: 3 Years
 Expiration: 03-2022

George Proulx

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Joined: 01-18-2018
 Term #2
 Term Length: 3 Years
 Expiration: 03-2020 (extended - COVID)

Business Manager

Peter DeLeault

[Redacted]
 [Redacted]
 [Redacted]
 [Redacted]

Carly Amico

[REDACTED]
[REDACTED]
[REDACTED]

Summary

Efficient technology skills. Dedicated attention to detail. Effective communicator and proficient customer service skills.

Education

Timberlane Regional High School — Plaistow, NH
Scholastic Diploma

July 2018

Work Experience

Market Basket

Cashier

July 2016 - September 2018

- Utilized strong capability to follow instructions and learn new skills quickly as needed
- Employed keen eye for detail when stocking shelves and closing the store
- Satisfied customer needs and maintained good relationships with consumers as well as coworkers

On the Road to Wellness

Peer Support Facilitator

March 2019 - current day

- Received various peer support training such as IPS core training and WRAP training
- Acclimated quickly to and enjoyed working with people on a more personal level
- Offered reliable and exceptional performance regarding office responsibilities and peer interaction

Volunteer Experience

Zoo Creatures

Volunteer

July 2016 - September 2018

- Educated customers about animal care, and assisted their interaction with the animals in the store
- Cleaned animal enclosures and organized store

David J. Blacksmith



HIGHLIGHTS

- Keen Ability to Network People and Resources
- Well-Developed Listening, Counseling, Problem Solving and Teaching Skills
- Excellent Verbal and Written Communication
- Team Minded Servant Leader with Strong Administrative Abilities
- Able to Handle Crisis or Stressful Situations with Ease
- Technically Proficient with Computers, Networking, Donor Software, Microsoft Office

WORK HISTORY

On the Road to Wellness, Manchester & Derry 2008 – Present
Executive Director (Since September, 2017)

Provide leadership and oversight to all areas related to peer-support agency, specializing in people managing their mental health, as well as addressing homelessness, and substance misuse. Responsibilities include: agency oversight; fiscal management; maintain integrity to the contractual relationship with the State (BMHS); all aspects of agency relationships and interagency collaborations.

- Successfully wrote high-scoring RFP for FY15 and FY17 funding cycle for BBH during previous Executive Director's absence
- Re-written/Updated Board Policies and Procedures
- Encourage expanded sustainability plans ... fund-raising, grant writing
- Successfully launched a secondary site in Derry to provide IPS services to that Region
- Effectively increased membership and active participation at both sites
- Responsible for recruiting, hiring, and supervising staff of 15
- Serving as agency representative on the Steering Committee and Workforce Development Committee for Network4Health (1115 Waiver)
- Created a vibrant newsletter which led to expanded readership/ increased membership
- Trained multiple employees and peers in the Principles and Tasks of Intentional Peer Support
- Built strong working relationships with other area agencies, thus enhancing the reputation of our agency and enhancing the programming for our members
- Encouraged expansion of programming to include outreach and community service
- Given oversight of both peer centers, keeping allthings within budget requirements
- Effectively developed a contractual relationship with Mental Health Center of GreatManchester by modeling and coaching Peer Support Specialist Services to their ACT Teams

Southern New Hampshire Rescue Mission 2003 - 2008
Founder/Executive Director

Responsibilities: Staff and volunteer development, community relations, human resources, programming, outreach, counseling, fund-raising, budgeting, and public speaking.

- Founded this on-going social service agency to the homeless and poor
- Secured and enlarged donor and volunteer base
- Built strong relationships with clientele, neighborhood, community leaders, churches
- Located and purchased facilities for the work, thus creating a long-standing relationship and presence within the community
- Supervised a handful of staff and hundreds of volunteers
- Successfully began residential shelter for single homeless men

WORK HISTORY <i>(continued)</i>	Las Vegas Rescue Mission 1999 – 2003 Executive Director														
	Responsibilities: Staff and volunteer development, community relations, fund-raising, budgeting, human resources, programming, outreach, counseling, and public speaking.														
	<ul style="list-style-type: none"> • Initiated comprehensive Case Management Program • Initiated and completed \$1.2m building project to expand services to homeless men, and specialized population of single-fathers with children • Effectively built relationships with area agencies to create a network for a holistic approach to enable clients to succeed • Established an extensive and effective Job Development Program which generated over \$250k into the pockets of the homeless, many securing permanent employment through the Program • Implemented Recovery Program for those struggling with addictive behaviors • Expanded donor base 150%; volunteer base 300% • Responsible for recruiting, hiring, scheduling and supervising staff of 20 • Dramatically increased community involvement 														
EDUCATION	Moody Bible Institute, Chicago, IL 1983 – 1987 Ministerial Studies														
	University of Massachusetts, Lowell, MA 1973 – 1977 Bachelor of Arts Concentrations: Music Education / Business Administration														
	Bedford High School, Bedford, MA 1969 – 1973 College Preparatory														
ADDITIONAL TRAINING	Train the Trainer – Intentional Peer Support; Middletown, CT Intentional Peer Support: An Alternative Approach; BBH, Concord, NH Prison Volunteer Training, Concord, NH Art of Listening, Hospital Chaplaincy Services Powerful Business Writing Skills, National Seminars, Inc. Business Management, Cornell University, Ithaca, NY (Extension) Essentials in Management, American Management Association (Extension)														
OTHER SKILLS	PC Windows Literate; Proficient in Microsoft Office; Database, Website and Newsletter Design and Development; Donor Management Software; Prolific Writer														
CIVIC ACTIVITIES	<table style="width: 100%; border: none;"> <tr> <td>Member, Nashua Continuum of Care</td> <td style="text-align: right;">2003 – 2008</td> </tr> <tr> <td>Member, Southern Nevada Homeless Coalition</td> <td style="text-align: right;">1999 – 2003</td> </tr> <tr> <td>Member, Emergency Food and Shelter Board</td> <td style="text-align: right;">1999 – 2003</td> </tr> <tr> <td>Chairman, Child Evangelism Fellowship</td> <td style="text-align: right;">1999 – 2001</td> </tr> <tr> <td>Member, Manchester Rotary, Manchester, VT</td> <td style="text-align: right;">1997 – 1999</td> </tr> <tr> <td>Director of Volunteer Chaplains, Sonoma Valley Hospital</td> <td style="text-align: right;">1991 – 1992</td> </tr> <tr> <td>Southern Nevada Task Force for the Homeless</td> <td style="text-align: right;">1987 – 1990</td> </tr> </table>	Member, Nashua Continuum of Care	2003 – 2008	Member, Southern Nevada Homeless Coalition	1999 – 2003	Member, Emergency Food and Shelter Board	1999 – 2003	Chairman, Child Evangelism Fellowship	1999 – 2001	Member, Manchester Rotary, Manchester, VT	1997 – 1999	Director of Volunteer Chaplains, Sonoma Valley Hospital	1991 – 1992	Southern Nevada Task Force for the Homeless	1987 – 1990
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Member, Manchester Rotary, Manchester, VT	1997 – 1999														
Director of Volunteer Chaplains, Sonoma Valley Hospital	1991 – 1992														
Southern Nevada Task Force for the Homeless	1987 – 1990														
<i>Personal and Professional References Available Upon Request</i>															

JAYSON BLACKSMITH



CONTACT



EDUCATION

BACHELOR OF SCIENCE IN: AUDIO AND MEDIA TECHNOLOGIES

New England Institute of Art

June 2016

TECHNICAL SKILLS

Live Audio Production
Video Producing
Lighting Systems
DAW Operation
Studio & Post Production
Camera Operations
Graphic Design
Adobe Creative Suite
Equipment Maintenance
Signal Routing & Troubleshooting
Audio, Video & Photo Editing
Video & Audio Distribution

PERSONAL SKILLS

Problem Solving
Detail-oriented
Time management
Communication
Leadership
Teamwork

REFERENCES

Provided upon request

PROFILE

Detail-oriented and innovative professional with vast technical knowledge and more than 8 years hands-on experience in creating, integrating and finetuning a distraction-free, consistent environment into the overall technical production of services and events. Known and respected as a creative solutions provider and out-of-the-box thinker with track of overseeing live production for services and events with emphasis on efficiency, and translating service requirements into system improvements. Proven leader that thrives in high-pressure collaborative environments.

PROFESSIONAL EXPERIENCE

Production Engineer

Production Management Intern

Front of House Engineer

At Manchester Christian Church | Aug. 2016 – Present

- Collaborate with the Pastor, Worship Director and Technical Director to create a cohesive, engaging, spiritually authentic worship service
- Perform core Production Engineer duties including service producing, sound reinforcement, front of house mixing, video production, lighting design, signal routing, and troubleshooting
- Implement and maintain development best practices
- Train and mentor volunteers for proper maintenance of production equipment

Audio Designer and Team Lead

At The Palace Theatre | May 2018 – Mar. 2018

- Organized and led the team to The Palace Theatre's most ambitious and successful show in its 100+ years of history
- Responsible for all sound reinforcements and creative decisions as it pertained to audio
- Provided technical support and oversaw ways to develop and improve audio tools and workflow
- Worked effectively under pressure and managed the audio team

Production Team Lead

Youth Director and Worship Leader

At Manchester Vineyard Community Church | Jun. 2010 – Aug. 2016

- Provided live Front of House and Monitor mixing
- Edited sermons for online distribution
- Performed live worship, and developed and maintained curriculum for middle & high school students
- Coached team in basic AVL operation
- Assembling and coordinating new volunteers

John G. Brodeur

Objective

Assist On the Road to Wellness Program as a driver for their program recipients.

Employment

October 2019 – Present – On The Road To Wellness

Hired as driver for members unable to drive to Wellness Center, as well as other duties requested. During COVID-19 pandemic holding ZOOM daily peer group sessions at Wellness Center to help members through the isolation of the pandemic and delivering peer support group kits.

1981 - 2012

Retired from BAE Systems, Nashua, N.H. after 31 years as a Program Planning Specialist supporting multiple programs throughout my tenure.

Performance Reviews during BAE Employment

Received excellent performance ratings throughout my 31 years at BAE Systems.

Education

Graduate of Bishop Guertin High School Class of 1978, and Associates Degree in Business from Hesser College in 1991.

Military Service

U.S. Army 1978 – 1981 with Honorable Discharge.

LEE ANN HUSSEY

Summary

Service professional with over 20 years of experience providing support to customers or Members

Education and Certificates

- IPS Core Training
- WRAP Facilitator Training
- Conflict Resolution Training
- Sexual Harassment Training
- Member Rights Training
- Hesser College, Associate in Psychology

Experience

2009 – Present

Team Leader, On the Road to Recovery, Inc.

- Provide leadership to fellow teammates
- Assist in the implementation of program at peer support center
- Create an environment for learning how to live with mental health issues
- Provide an example of the ten values of intentional peer support
- Practice the four tasks and three principles of intentional peer support
- Create, research, and facilitate several peer support groups per week
- Welcome new Member to center and explain the purpose of the center
- Process new Membership Application Forms and maintain Membership Records
- Provide support by developing wellness plans with Members
- Provide conflict resolution for Members and staff
- Co-facilitate Wellness Recovery Action Plan workshops
- Provide outreach on telephone and in community
- Participate in co-reflection
- Open and close center
- Assist in maintaining physical center
- Order and replenish supplies for the center

2007 – 2009

Transitional Housing Manager, On the Road to Recovery, Inc.

- Notified social workers at New Hampshire Hospital of vacancies
- Collected rent and maintained documentation
- Facilitated meetings between residents
- Met with individuals regarding their progress
- Provided conflict resolution for residents
- Communicated with agencies that referred candidates
- Communicated with agencies that provided housing for residents
- Created and implemented a statistics form, saving hours every month
- Assisted in maintaining physical facility
- Ordered and replenished supplies for the facility

Mallory Manning

Education:

Londonderry High School, Londonderry, NH

June 2014

Work Experience:

Ticket Sales for Athletic Events

January 2012-October 2013

Windham High School, Windham, NH

I sold tickets and calculated change for many customers in a limited time

Hostess

March 2014-August 2014

Cracker Barrel Old Country Store, Derry, NH

Maintained an equal number of customers for each server

Marketed special menu items to guests

Serviced customer complaints

I have seated over 100 guests in less than 30 minutes

Hostess

Airport Diner, Manchester, NH

April 2015-July 2015

Maintained an equal number of customers for each server

Serviced customer complaints

Answered telephone calls

Took to-go orders and room service orders for the connecting hotel

Cashier

Delivered room service orders to hotel

Assisted servers

Cashier

Hazelton Orchards, Chester, NH

December 2016-November 2017

Cashier

Restocked produce

Ran pick-your-own stand

Created visual advertisements

Serviced customer complaints

Assisted in taking down netting over blueberry fields at the end of the season

Peer Support Facilitator

March 2019-Current

On The Road to Wellness, Derry, NH

Facilitate peer support groups

Make and answer outreach calls with new and existing members

Make lunch for members

Various cleaning tasks

Ran workshop during retreat event

Member of re-opening committee following COVID-19

Technical Skills:

Microsoft Office: Word, Excel, and PowerPoint

Social Media: YouTube, Facebook, Instagram, Twitter

MARK A. SANFORD

PROFESSIONAL OBJECTIVE

Experience IT professional over 23 years performing Business Systems Analysis. It is my goal to utilize my knowledge and expertise to create solutions to challenging and complex problems enhancing the company's growth and success.

EDUCATION & TEACHING EXPERIENCE

Rivier College, Nashua, NH – Masters of Business Administration
Saint Anselm College, Manchester, NH – Bachelor of Arts in Business
Bryant University, Smithfield, RI - Business Analyst Certificate

Instructor:

Massasoit Community College, Brockton, MA 2001-2002
Bristol Community College, Fall River, MA 1998-2001

– Taught core computer classes: MS office, Windows, Outlook, Internet, & COBOL Programming

TECHNICAL COMPETENCIES

OPERATING SYSTEMS: WINDOWS XP 7, 8.1 10 ♦ IBM 3090,3741 ♦ WINDOWS SERVER 2000/2005

SOFTWARE: PEOPLESOFT HR & FINANCIAL SUPPLY CHAIN 8.4 ♦ SQR ♦ MS OFFICE ♦ LOTUS NOTES ♦ SAS ♦ DATAFLUX ♦ CRYSTAL REPORTS ♦ IDMS ♦ JCL ♦ EASYTRIEVE ♦ CICS ♦ VSAM ♦ TSO/ISPF ♦ XPEDITOR ♦ NICELABEL ♦ VAI

APPLICATIONS: SQL-SERVER ♦ ORACLE ♦ PEOPLESOFT ♦ SYMANTEC ♦ MS ACTIVE DIRECTORY

NETWORKING: NOVELL ♦ VMWARE ♦ ESXI.LAN/WAN ♦ TCP/IP

LANGUAGES: COBOL ♦ PEOPLESOFT ♦ CRYSTAL REPORTS ♦ LMS ♦ FINANCIAL SUPPLY CHAIN ♦ WAREHOUSING ♦ HTML ♦ RPG ♦ SQL ♦ TSQL

PROFESSIONAL EXPERIENCE

Peer Support Driver

2020-Present

On the Road to Wellness (OTRTW)

- Drive Support Van to pick up and drop off Center Members at their place of residence
- Lead Peer Support Groups – online (Zoom and Facebook LIVE) and in-person
- Keep update records on Support Van
- Provide Peer Support Outreach to Members
- Participate in IPS (Intentional Peer Support) Certified Training
- Assist Members with crisis, trauma, homelessness, and mental health lived experience

MARK A. SANFORD

Application Support

2014 – 2019

ACE Surgical Supply Company

- Monitoring MS SQL-Server system & supporting system back-ups
- Providing help desk support & tech support for MS office suite
- Quality assurance & testing continuity planning: disaster recovery protocols
- Maintaining System Documentation
- Designing & conduction training programs for users
- Performed User Acceptance Testing (UAT) process
- Designed, programmed and implemented tech solutions on proprietary software

Inventory Specialist

2011 – 2012

GolfSmith, Inc.

- Provided high quality customer service
- Processed orders & return requests
- Acted as team leader
- Performed year-end inventory & developed and managed all inventory reporting

Systems Analyst

2008 – 2010

JGCM, Inc.

- Designed & conducted training programs, provided MS Office support
- Performed business and data analysis on all facets of the business
- Maintained marketing documentation
- Maintained internal network
- Provided processes and procedures companywide

Project Manager

2006 – 2008

S.A.S. Institute

- Facilitated SAS-Retail software installations for high profile clients
- Interfaced with clients nation-wide providing technical configurations, support, & implementation
- Lead Project Manager successfully implementing the SAS-Merchandise Planning software platform
- Directed several data conversion projects and implemented Customer Data Integration projects
- Managed the implementation of an automated credit collections software saving over \$30M
- Recognized by on-site CEO for relationship building

Business Systems Analyst

2004 – 2006

SAS-Dataflux

- Designed and conducted training programs
- Performed business and data analysis on all facets of the business
- Maintained IT protocols, technical specifications, and network requirements
- Monitored system performance, supported system back-ups, provided helpdesk support
- Developed and maintained trusted business relationships with a large customer base
- Lead consultant of system implementation of marketing & solution delivery, provided gap analysis, requirement gathering, testing, integration, strategy consulting and processed all requirements into solution documentation
- Interfaced with external consultant to manage all Network & IT efforts

MARK A. SANFORD

Sr. Program Analyst

1996 – 2004

Converse, Inc (1996-1998) Acushnet Company (1998-2004)

- Developed computer programming for Finance & HR departments for PeopleSoft applications
- Sr. Program Administrator/Project Manager for Web-based Legacy AS400 application software, Crystal Reports, PeopleSoft, & SQL-Server
- Programmed in COBOL, JCL, RPGIII, CL, CICS, VSAM, TSO/ISPF, Xpediter, and DB2 with extensive SQL coding/testing and worked with TSO/ISPF, Xpediter
- Sr. Program Administrator/Project Manager consultant of automated Accounts Receivable Credit application software platform, acting as a liaison between IT, HR, and Finance department

Peter P. Deleault

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Experience:

3/2007 to Present: Concord Food Cooperative, Inc., 24 S. Main St., Concord, NH 03301 and 52 Newport Rd., New London, NH 03257

Controller: Concord Food Cooperative is a cooperative natural and organic grocery store with 2 locations with sales of over 7.5 million and 74 employees. Oversee accounting department and all accounting functions including but not limited to all State and Federal tax filings and deposits, AP/AR, account reconciliation, budget analysis and preparation, monthly and quarterly financial reports and analysis, cash flow analysis and cash management.

06/2007 to Present: On The Road To Recovery Inc., 373 South Willow St., PMB 316, Manchester, NH 03103

Controller: OTRTR is a non-profit peer support mental health organization funded by State and Federal funds covering Manchester and Derry areas. Responsible for all payroll and all State and Federal tax filings and deposits, AP/AR, account reconciliation, budget analysis and preparation, monthly and quarterly financial reports and analysis, cash flow analysis, cost center management. Prepare and file quarterly financial reports to the State Bureau of Behavioral Health. Prepare and work with State Accountants and Auditors for required annual audits.

07/2007 to Present: Tri-city Consumer Cooperative, Inc., 55 Summer St., Rochester, NH 03867

Controller: TCC is a non-profit peer support mental health organization funded by State and Federal funds covering the greater Rochester area. Responsible for all payroll and all State and Federal tax filings and deposits, AP/AR, account reconciliation, budget analysis and preparation, monthly and quarterly financial reports and analysis, cash flow analysis, cost center management. Prepare and file quarterly financial reports to the State Bureau of Behavioral Health. Prepare and work with State Accountants and Auditors for required annual audits.

04/2004 to Present: Lakes Region Consumer Advisory Board, Inc., 328 Union Ave., Laconia, NH 03246

Controller: LRCAB is a non-profit peer support mental health organization funded by State and Federal funds covering Lakes Region and Concord. Responsible for all payroll and all State and Federal tax filings and deposits, AP/AR, account reconciliation, budget analysis and preparation, monthly and quarterly financial reports and analysis, cash flow analysis, cost center management. Prepare and file quarterly financial reports to the State Bureau of Behavioral Health. Prepare and work with State Accountants and Auditors for required annual audits.

07/1992 to 01/2007: Sarabby, Inc., dba APPS Paramedical Services, 1 Old Hill Rd. Bow, NH, 03304.

Owner, Business Manager. Responsible for all aspects of business management, marketing, human resources and all of the bookkeeping and accounting responsibilities including payroll, all the monthly and quarterly tax deposits and filings for both Federal and State, AR/AP, account reconciliation. Sold business.

03/1995 to 03/2000: Chemdata Occupational Health & Drug Testing.

Owner, Business Manager. Responsible for all aspects of business management, marketing, human resources and all accounting responsibilities. Provided health and drug screens, DOT physicals and pulmonary function testing to local construction and trucking industries as well as municipal Firefighters and other industry workers utilizing respirators. Sold business.

1980 to 1990: Bank of New Hampshire, N. Main St., Concord, NH 03301.

Assistant Vice President-Loan Officer & Department Manager. Review financial statements, loan decision and processing, oversee loan department processes and personnel. Business marketing and loan development.

Education:

09/2004 to 04/2005: Hesser College, Manchester, NH. Advanced Computer course program to obtain certifications in both A+ and Network+.

1985-1989: University of New Hampshire, various courses in accounting, business management, bank management.

1973-1976: St. Anselm's College, 2 ½ years pre-med.

References upon request.

RENEE ROUTHIER

SUMMARY OF QUALIFICATIONS

Highly organized and detail-focused **Bookkeeper** with an exceptional track record of accurately handling financial reporting in deadline-oriented environments.

- Proficient in all aspects of recording transactions, posting debits and credits, reconciling accounts, and ensuring accuracy and completeness of data.
- Abilities include, but are not limited to, developing and accurately producing monthly, quarterly, and annual financial statements as well as payroll and other tax returns.
- Experience in managing accounts payable, including proof of statements from vendors, and accounts receivable, including generating invoices and monthly statements for clients.
- Proven ability to identify and implement improvements to streamline processes and increase efficiency and productivity.
- Excellent computer skills; proficient with Microsoft Word, Microsoft Excel, QuickBooks, Microsoft Money, and various other Accounting softwares with the able to learn proprietary systems/applications quickly and easily.

Attentive and compassionate **Peer Support Team Leader** whose strong work ethics provide for a well rounded individual.

- Teaches Creative Arts
- Researches and teaches Recovery Topics, Tasks & Values, Principles of IPS, Music Appreciation, among many other informative and fun groups.

Skill Proficiencies

- Accounts Payable/Receivable
- Financial Statements
- Intentional Peer Support
- Customer Service
- Account Reconciliation
- Insurance Audits
- Bank Reconciliations

EDUCATION

Credits earned in Accounting/Finance equal to Junior year in College

Southern New Hampshire University, Manchester, NH

TRAININGS

- IPS CORE TRAINING
- MENTAL HEALTH FIRST AID
- SUICIDE TRAINING
- LBGTQ TRAINING
- ATTENDANCE OF PEER SUPPORT CONFERENCE
- WHAM

Continued...

TRAININGS CONTINUED

PAGE 2

- WRAP
- ONGOING CO-REFLECTIONS, WEBINARS AND OTHER TRAININGS

PROFESSIONAL EXPERIENCE

On The Road To Wellness

5/2018 to present

Team Leader

Changed to Team Leader and overseeing Derry staff and location. Still facilitating groups with members. Researching subjects and sharing knowledge found to enhance member's knowledge and lives. Teaching Creative Arts. Assisting members with computer research. Keeping track of petty cash and café cash among other duties for the Center.

Peer Support Driver/Assistant

Driving van to pickup and drop off members from On The Road To Wellness doing peer support on the van while driving by asking how people's days were and how they were feeling.

Changed to Peer Support Assistant and facilitating groups with members. Researching subjects and sharing knowledge found to enhance member's knowledge and lives. Teaching Creative Arts. Assisting members with computer research.

Hitachi Cable America, Inc.

9/2016 to 5/2017

Payable/Payroll Assistant

Processing Accounts Payable in proven batches, proving statements from vendors and communicating with vendors researching problems with invoices.

Processing Payroll with time card information in ADP on a weekly basis including, but not limited to, proving timecards, processing advances, processing changes in deductions, etc...

Also assisted with Receptionist duties.

Accountemps/Robert Half International, Inc.

11/2015-9/2016

Accounts Payable/Payroll Assistant

Processing Accounts Payable in proven batches, proving statements from vendors and communicating with vendors researching problems with invoices.

Processing Payroll with time card information in ADP on a weekly basis including, but not limited to, proving timecards, processing advances, processing changes in deductions, etc...

Also assisted with Receptionist duties. This was a temp to hire position.

Town of Derry, NH

3/2006 to 3/2016

Supervisor of the Checklist

- responsibilities include registering voters, running the registration portion at the polls, doing change requests, answering questions on voting registration and the like. Chairman for the last 4 years.

Self employed Bookkeeper and Tax preparer

1/2003 to present

- responsibilities included bank reconciliation, accounts payable, accounts receivable, input into Quickbooks, general ledger and financial reporting to customer.

Circle of L.I.F.E.

9/2006 through 4/2008

Driver/Arts & Crafts Instructor/Computer Class Instructor

- Drove 60 mile one way pick up route to bring psychologically disabled persons to activities and classes at the Circle of L.I.F.E. Later changed to instructing Arts & Crafts class where I planned activities and
- instructed members on completing the crafts. Also taught the Computer class by teaching use of Windows, handling and assembling hardware and Microsoft Word use.

Accountemps

2005

Accounting/Bookkeeping Assignment

Temporary Agency assigned me to a lawyer's office to

- Perform Accounts Receivable reconciliations, Bank reconciliations and any other detailed research needed for their and client's books.

Key Contributions:

- Detailed research in balancing over a year's worth of bank reconciliations
- Detailed research and matching of Accounts Receivable and bank transactions

Scott McCormack

March 1, 1994 –Present

On the Road to Wellness
Peer Support Assistant

Objective:

Intentional peer support
Help members unlearn learned helplessness.

Education:

Salem High School 1985-1989 Salem, NH

Granite State College 2005-2009 Manchester, NH
Associates in arts and general studies, Dean's list 2008 and 2009

Granite State College
Bachelor of Science and Behavioral Science 2009-2011
Graduated Magna cum Laude

Additional Training

Intentional Peer Support Core
WRAP 101
Warm-Line

Sean D. Jameson

Education

- 2012- Present **New Hampshire Institute of Art**, Manchester, NH
- Open studio classes
 - Continuing Education
- Sept. 2008-2011 **New Hampshire Technical Institute**, Concord, NH
- Architectural CAD Certification
- 2005-May 2008 **New England College**, Bridge St., Henniker, NH
- B.A. Art Major with concentrations in Studio Art, Painting and Drawing, and Graphic Design
 - 3.2 GPA
- 2004 – 2005 **Franklin Pierce College**, 20 College Rd, Rindge, NH
- Major: Art
- 2000-2004 **Pinkerton Academy**, Derry, NH
- High School Graduate

Employment:

- Jan. 2019-present **On the Road to Wellness**, Manchester, NH
- Peer Support Staff
 - Peer Support Certification
 - Trained annually in Peer Support Co-Reflection
 - Responsible for running groups and State of NH paperwork
 - Mental Health First Aid Certification
 - Attended State of NH Mental Health Professional Development
 - Clerical responsibilities
- 2015-Present **Artist**
- Founder of **Phenomenon Art**
www.phenomenonart.com
- Spring, 2018 **Dollar Tree**, Manchester, NH
- New Store set up crew, Preparation for opening.
 - Unloading trucks
 - Stocking selves
 - Organizing store displays

2006-Present **Manchester Artists Association, Manchester, NH**

- Board Member, Program Director
- Selects professional speakers for Monthly meetings
- Recipient of Artist of the Month on several occasions

Feb. 2012 - Present **Granite Pathways, Manchester & Portsmouth, NH**

- Volunteer
- Member Representative
- Assisted the Director in numerous projects
- Non-profit development initiatives

August 2012- 2013 **Easter Seals**

- Bus Monitor- Disability Services

2011-2012 **Allstate Insurance, Hudson, NH**
Customer Service

- General clerical
- Manage payments from customers
- Data entry
- File management
- Telemarketing

2009-2010 **On the Road to Wellness, Manchester, NH**

- Peer Support Cert. State of NH
- Transitional Housing Coordinator
- Ran and sat in on groups for peer support
- Managed 6 bedrooms for agency

Community Service and Member Participation

2010-Present

- State of NH Mental Health Planning & Advisory Council (2015-present)
- On the Road to Wellness
- Granite Pathways
- Celebrate Recovery Program at Manchester Christian Church
- Main Street Mission Bible Study
- Local Manchester Art Shows with professional affiliation at Jupiter Hall, Manchester, NH

Technical Skills

- Microsoft Office Suite
- Zoom and other video conferencing platforms
- Facebook
- Auto Cad

Shelby Hedlund

Qualifications

NH Certified Peer Support Specialist
Certified WRAP Co-Facilitator
Certified in Intentional Peer Support
Certified WHAM Facilitator
Completed Mental Health First Aide training

Work History

Program Director
On The Road to Wellness
January 2018 to Present
Creates the monthly calendar and group schedules, manages staff and day to day operations of both centers.

Peer Respite Staff H.E.A.R.T.S Crisis Respite
February 2017 to January 2018

Uses knowledge of WRAP and IPS to support guests. Responsibilities include supervision of up to two guests, taking notes, light cleaning, and answering the Respite phone.

Peer Support Assistant
On The Road To Wellness
September 2016 to January 2018

Uses IPS to establish relationships with members and support them in their wellness. Responsibilities include running groups, one on one support, answering phones, light cooking and cleaning, updating all bulletin boards in the center, and remaining available as a backup driver when needed.

Key holder
Advanced Spa and Pool

2013 to Present

Previous full time and current seasonal key holder.
Obtained 3 levels of certification in pool water chemistry including the highest possible of Water Care Expert. Responsibilities include opening and closing the store, training new employees on water testing and chlorine demands, running water tests, answering phones, counting inventory, operating register, assisting customers with finding the correct chemicals.

Shelby Hedlund

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Education

Eastern Nazarene College

September 2013 to April 2015

Communications and Religion

Alvirne High School

September 2009 to May 2013

Majored in Early Childhood Education

Received High School Diploma

Skills

Customer Service (7 years)

Cash Register (7 years)

Microsoft Office (5 years)

Lesson Planning (2 years)

Retail (7 years)

Employer Contacts:

Jim Hedlund

Owner at Advanced Spa and Pool

603-235-1679

H.E.A.R.T.S. Reptsite

Tom Doucette Director

603-882-8400

Tara R. Shramek

Education

Hesser College

Hesser College Manchester

Associates of Business – Broadcast Management

Graduated- May 2007

Manchester Memorial High School

Manchester Institute of Technology- Video Productions

Graduated- June 2005

Work Experience

Helped take care of Handicapped Mother (2013 - Present)

- Provides transportation for handicapped Mother to Doctors Appointments and where ever else she needs to go.

Jobs for New Hampshire Graduates (2004-2005)

- Packing boxes at a warehouse for food banks at Southern New Hampshire Services

Spooky World New England – Seasonal (Sept-Nov) 2010 to 2017

- Scare Actor, trusted to the first room of the Torment haunted house. Trained new people working in the room for the first time on their duties.

Studied With Jordon Rich. Professional Tape available.

On The Road to Wellness – February 10th, 2020 to Present.

- Driving the van for members, facilitating peer support groups.

Mental Health First Aid training certificate.

Activities

Anime

Voice Over Work

Video editing

Blogging

College theater club

Radio DJ for college radio station

On the Road to Recovery

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
David Blacksmith	Executive Director	42,000.00	100	42,000.00
Peter DeLeault	Finance Officer	20,800.00	100	20,800.00
Shelby Hedlund	Program Director	32,240.00	100	32,240.00
Lee Ann Hussey	Team Leader - Manchester	10,920.00	100	10,920.00
Scott McCormack	Peer Support Facilitator	1,976.00	100	1,976.00
Sean Jameson	Peer Support Facilitator	9,880.00	100	9,880.00
Mark Sanford	Peer Support Facilitator	9,880.00	100	9,880.00
Jayson Blacksmith	Driver	7,904.00	100	7,904.00
Tara Shramek	Driver	7,410.00	100	7,410.00
Renee Routhier	Team Leader - Derry	10,400.00	100	10,400.00
Carly Amico	Peer Support Facilitator	9,880.00	100	9,880.00
Mallory Manning	Peer Support Facilitator	9,880.00	100	9,880.00
John Brodeur	Driver	13,832.00	100	13,832.00

New Hampshire Department of Health and Human Services
Peer Support Services



State of New Hampshire
Department of Health and Human Services
Amendment #4 to the Peer Support Services Contract

This 4th Amendment to the Peer Support Services contract (hereinafter referred to as "Amendment #4") 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 Alternative Life Center, (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 6 Main Street, Conway, NH 03818.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2016, (Item #23), as amended on June 21, 2017, (Item #38), June 20, 2018, (Item #33B), and on June 19, 2019, (Item #28), 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 or terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18 and Exhibit C-1, Revisions to General Provisions, Paragraph 3, the Contract may be amended and extended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

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 1.7, Completion Date to read:
June 30, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,863,522.
3. Modify Exhibit A – Amendment #3, Scope of Services, Section 1., Subsection 1.5., to read:
1.5. RESERVED.
4. Modify Exhibit A – Amendment #3, Scope of Services, Section 3., Subsection 3.1. Peer Support Services, Paragraph 3.1.1., Subparagraph 3.1.1.2. to read:
 - 3.1.1.2. Maintaining a safe physical location that:
 - 3.1.1.2.1 Is open a minimum total of forty-four (44) hours per week, eight (8) hours per day, five days per week and four (4) hours on one (1) additional day per week at each location; and
 - 3.1.1.2.2. Provides face-to-face or telephone peer support services to peer support agency members or others who contact the peer support agency at a minimum of forty (40) hours per week at each location.
5. Modify Exhibit A – Amendment #3, Scope of Services, Section 11. Reporting, Subsection 11.3., to read:
 - 11.3. The Contractor shall provide to the Department by the fifteenth (15th) of the month following the end of each quarter, the prior quarter's Board of Director meeting minutes, with all attachments, including, but not limited to, the Executive Director's report and Board of Directors' Roster.
6. Add Exhibit A – Amendment #3, Scope of Services, Section 11. Reporting, Subsection 11.5., to

New Hampshire Department of Health and Human Services
Peer Support Services



read:

- 11.5. The Contractor shall submit a quarterly written report to the Department, on a form supplied by the Department, no later than the fifteenth (15th) of the month following the quarter regarding:
7. Modify Exhibit A – Amendment #3, Scope of Services, Section 12, Deliverables, Subsection 12.1., to read:
 - 12.1. The Contractor shall provide a minimum of fifteen (15) hours of in-house services at each Center each week including up to five (5) hours conducted in the center's community or region, as approved by the Department, ensuring in-house services include, but are not limited to:
 - 12.1.1. New topics introduced at least monthly.
 - 12.1.2. A minimum of five (5) separate discussion groups per week that address emotional wellbeing topics, which may include, but are not limited to:
 - 12.1.2.1. IPS
 - 12.1.2.2. WRAP.
 - 12.1.2.3. WHAM.
 - 12.1.2.4. Setting boundaries.
 - 12.1.2.5. Positive thinking.
 - 12.1.2.6. Wellness.
 - 12.1.2.7. Stress management.
 - 12.1.2.8. Addressing trauma
 - 12.1.2.9. Reduction of negative or intrusive thoughts.
 - 12.1.2.10. Management of emotional states including, but not limited to:
 - 12.1.2.10.1. Anger.
 - 12.1.2.10.2. Depression.
 - 12.1.2.10.3. Anxiety.
 - 12.1.2.10.4. Mania.
 - 12.1.3. A minimum of five (5) discussion or practice groups per week that address physical wellbeing topic, which may include, but are not limited to:
 - 12.1.3.1. Smoking cessation.
 - 12.1.3.2. Weight loss.
 - 12.1.3.3. Nutrition and cooking.
 - 12.1.3.4. Physical exercise.
 - 12.1.3.5. Mindfulness activities, including but not limited to:
 - 12.1.3.5.1. Yoga
 - 12.1.3.5.2. Meditation.
 - 12.1.3.5.3. Journaling.
 - 12.1.4. A minimum of four (4) activity groups per week that provide positive skill-building activities.



which may include but are not limited to:

- 12.1.4.1. Arts and crafts.
- 12.1.4.2. Music expression.
- 12.1.4.3. Creative writing.
- 12.1.4.4. Cooking.
- 12.1.4.5. Sewing.
- 12.1.4.6. Gardening.
- 12.1.4.7. Movies.

12.1.5. A minim of one (1) group per week based on topics relevant to fostering independence which may include, but are not limited to:

- 12.1.5.1. Online blogs or articles that relate to mental health.
- 12.1.5.2. Obtaining employment
- 12.1.5.3. Budgeting.
- 12.1.5.4. Decision-making.
- 12.1.5.5. Self-advocacy.

8. Add Exhibit A – Amendment #3, Scope of Services, Section 13. Quality Improvement, Subsection 13.5., to read:

13.5. The Contractor shall provide all requested audits within ten (10) days of the request by the Department.

9. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 5., to read:

5. Subsequent to the action in Section 4., the Department shall make monthly payments to the Contractor based upon cost reimbursement, as submitted by the Contractor to maintain services and as approved by the Department, of the Department approved budget amounts in Exhibit B-1 Budget Form through Exhibit B-6 Amendment #3 SFY 2022 Budget.

- 5.1. In no event shall the total of the initial payment in Section 4. and monthly payments in Section 5. exceed the budget amounts set forth in Section 5.
- 5.2. The Department will adjust monthly payments for expenditures set forth in Section 9., below and amounts paid to initiate services in Section 4., above.
- 5.2. Expenditures shall be in accordance with the budgets identified in Section 5., as approved by the Department.
- 5.3. Allowable costs and expenses shall be determined by the Department, in accordance with applicable state and federal laws and regulations.

10. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 6., to read:

6. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.



-
11. Modify Exhibit B-4 by deleting its content in its entirety and replacing it with Exhibit B-4 Amendment – #4, SFY 2020 Budget, which is attached hereto and incorporated by reference herein.
 12. Add Exhibit B-4 – Amendment #4, SFY 2021 Budget, which is attached hereto and incorporated by reference herein.
 13. Add Exhibit B-6 – Amendment #4, SFY 2022 Budget, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services
Peer Support Services



All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #4 remain in full force and effect. 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

6-1-2020
Date

[Signature]
Name: Katja A. Fox
Title: Director

The Alternative Life Center

5/22/2020
Date

[Signature]
Name: Lyle Rully
Title: Board President



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

OFFICE OF THE ATTORNEY GENERAL

6/3/20
Date

/s/ Christen Lavers
Name:
Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit B-4 - Amendment #4

SFY 2020 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: The Alternative Life Center		
Budget Request for: Peer Support Services		
Budget Period: SFY20 (7/1/19 through 6/30/20)		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	202,020
602	Employee Benefit	22,615
603	Payroll taxes	22,498
	Subtotal	339,030
620	PROFESSIONAL FEES	
624	Accounting	0,000
625	Audit Fees	
626	Legal Fees	90
627	Other Professional Fees and Consultants	
	Subtotal	0,030
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	
632	In-Service Training	3,000
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	3,000
640	OCCUPANCY COSTS	
641	Rent	40,040
642	Mortgage Payments	
643	Heating Costs	
644	Other Utilities	4,400
645	Maintenance and Repairs	850
646	Taxes	
647	Other Occupancy Costs	
	Subtotal	52,190
650	CONSUMABLE SUPPLIES	
651	Office	3,000
652	Building/Household	800
653	Rehabilitation/Training	
655	Food	
657	Other Consumable Supplies	
	Subtotal	3,890
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	
670	EQUIPMENT RENTAL	2,400
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	
710	PRINTING	
720	TELEPHONE/COMMUNICATIONS	4,000
730	POSTAGE/SHIPPING	200
	Subtotal	6,800
740	TRANSPORTATION	
741	Board Members	
742	Staff	10,910
743	Members and Participants	1,000
	Subtotal	11,910
760	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
780	INSURANCE	
781	Malpractice & Bonding	5,000
782	Vehicles	2,000
783	Comprehensive Property & Liability	1,500
800	OTHER EXPENDITURES	1,447
801	INTEREST EXPENSE	
	Subtotal	8,947
	TOTAL PROGRAM EXPENSES	4434,598

Exhibit B-5 - Amendment #4

SFY 2021 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: <u>The Alternative Life Center</u>		
Budget Request for: <u>Peer Support Services</u>		
Budget Period: <u>SFY21 (7/1/20 through 6/30/21)</u>		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	202,020
602	Employee Benefit	22,615
603	Payroll taxes	22,488
	Subtotal	339,030
620	PROFESSIONAL FEES	
624	Accounting	9,000
625	Audit Fees	
626	Legal Fees	30
627	Other Professional Fees and Consultants	
	Subtotal	9,030
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	
632	In-Service Training	3,000
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	3,000
640	OCCUPANCY COSTS	
641	Rent	48,941
642	Mortgage Payments	
643	Heating Costs	
644	Other Utilities	4,400
645	Maintenance and Repairs	850
646	Taxes	
647	Other Occupancy Costs	
	Subtotal	62,191
650	CONSUMABLE SUPPLIES	
651	Office	800
652	Building/Household	
653	Rehabilitation/Training	
655	Food	
657	Other Consumable Supplies	
	Subtotal	800
	Other Expenses	
680	CAPITAL EXPENDITURES	
685	DEPRECIATION	
670	EQUIPMENT RENTAL	2,400
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	
710	PRINTING	
720	TELEPHONE/COMMUNICATIONS	3,000
730	POSTAGE/SHIPPING	200
	Subtotal	6,600
740	TRANSPORTATION	
741	Board Members	
742	Staff	8,750
743	Members and Participants	1,000
	Subtotal	9,750
760	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
780	INSURANCE	
781	Malpractice & Bonding	6,000
782	Vehicles	1,000
783	Comprehensive Property & Liability	1,500
800	OTHER EXPENDITURES	
801	INTEREST EXPENSE	1,447
	Subtotal	8,947
	TOTAL PROGRAM EXPENSES	\$428,348

Exhibit B-6 - Amendment #4

SFY 2022 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: The Alternative Life Center		
Budget Request for: Peer Support Services		
Budget Period: SFY22 (7/1/21 through 6/30/22)		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	292,930
602	Employee Benefit	22,615
603	Payroll taxes	22,488
	Subtotal	339,030
620	PROFESSIONAL FEES	
624	Accounting	9,000
625	Audit Fees	
626	Legal Fees	30
627	Other Professional Fees and Consultants	
	Subtotal	9,030
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	
632	In-Service Training	3,000
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	3,000
640	OCCUPANCY COSTS	
641	Rent	48,941
642	Mortgage Payments	
643	Heating Costs	
644	Other Utilities	4,400
645	Maintenance and Repairs	850
646	Taxes	
647	Other Occupancy Costs	
	Subtotal	62,191
650	CONSUMABLE SUPPLIES	
651	Office	800
652	Building/Household	
653	Rehabilitation/Training	
654	Food	
657	Other Consumable Supplies	
	Subtotal	800
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	
670	EQUIPMENT RENTAL	2,400
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	
710	PRINTING	
720	TELEPHONE/COMMUNICATIONS	3,000
730	POSTAGE/SHIPPING	200
	Subtotal	6,600
740	TRANSPORTATION	
741	Board Members	
742	Staff	9,760
743	Members and Participants	1,000
	Subtotal	9,760
760	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
780	INSURANCE	
781	Malpractice & Bonding	5,000
782	Vehicles	1,000
783	Comprehensive Property & Liability	1,500
800	OTHER EXPENDITURES	1,447
801	INTEREST EXPENSE	
	Subtotal	6,947
	TOTAL PROGRAM EXPENSES	\$428,348

State of New Hampshire

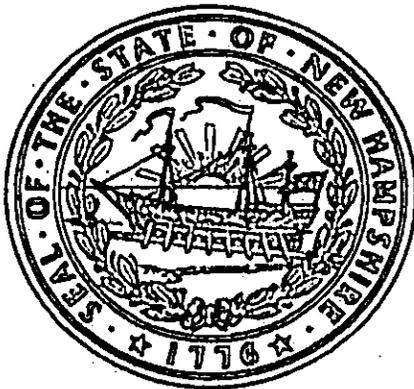
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that THE ALTERNATIVE LIFE CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 15, 1999. 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: 307757

Certificate Number: 0004616713



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 11th day of November A.D. 2019.

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

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

ELAINE South hereby certify that

1 I am a duly elected Clerk/Secretary/Officer of ALTERNATIVE Life Center Reg 1

2 The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on May 20, 2022 at which a quorum of the Directors/shareholders were present and voting

VOTED: That Fry Newby (may list more than one person)

is duly authorized on behalf of Alternative Life Center Reg 1 to enter into contracts or agreements with the State

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote

3 I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority remains valid for thirty (30) days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated May 22, 2022

Elaine South
Signature of Elected Officer
Name ELAINE SOUTH
Title SECRETARY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gifford NH 03247-7425	CONTACT NAME: Fairley Kennelley PHONE (AC No. Erik): (603) 293-2791 FAX (AC No.): (603) 293-7188 EMAIL: fairley@esinsurance.net ADDRESS: Gifford NH 03247-7425
INSURED: Alternative Life Center P O Box 241 Conway NH 03818	INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Insurance Co INSURER B: Wesco Insurance Co INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 19 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.

LINE LTR.	TYPE OF INSURANCE	ADDL SUBR RISK VVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		PHPK2053469	10/25/2019	10/25/2020	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 Abuse and Molestation \$ 50,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>		PHPK2053473	10/25/2019	10/25/2020	COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$ Uninsured motorist BI \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WVC3441065	10/20/2019	10/20/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 A.L. DISEASE - POLICY LIMIT \$ 500,000

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

Locations:
 8 Main Street, Conway, NH
 27 Lombard Street, Colebrook, NH
 507 Main Street, Berlin, NH
 267 Main Street, Littleton, NH

Employee Dishonesty Coverage \$37,500

CERTIFICATE HOLDER NH OHMS DBH 129 Pleasant Street Concord NH 03301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Fairley Kennelley</i>
---	---



Alternative Life Center

"Mission Statement"

"Our Mission is to provide a sanctuary where people, eighteen years and older, learn to create a personal vision leading their own recovery. The journey towards recovery occurs in a compassionate atmosphere through education, peer support, sharing of common experiences and utilizing individual as well as community resources."

Financial Statements

THE ALTERNATIVE LIFE CENTER

**FOR THE YEAR ENDED JUNE 30, 2019
AND
INDEPENDENT AUDITORS' REPORT**

THE ALTERNATIVE LIFE CENTER

FINANCIAL STATEMENTS

JUNE 30, 2019

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To the Board of Directors of
The Alternative Life Center
Conway, New Hampshire

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying financial statements of The Alternative Life Center (a nonprofit corporation), which comprise the statement of financial position as of June 30, 2019, and the related statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Alternative Life Center as of June 30, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Functional Revenue, Support and Expenses and the Schedule of Bureau of Mental Health Services (BMHS) Refundable Advance on pages 12 and 13 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Report on Summarized Comparative Information

We have previously audited the The Alternative Life Center's 2018 financial statements, and our report dated October 3, 2018, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

*Leon, McDonnell & Roberts
Professional Association*

November 7, 2019
North Conway, New Hampshire

THE ALTERNATIVE LIFE CENTER

**STATEMENT OF FINANCIAL POSITION
JUNE 30, 2019 WITH COMPARATIVE TOTALS FOR JUNE 30, 2018**

	<u>ASSETS</u>			
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>2019 Total</u>	<u>2018 Total</u>
CURRENT ASSETS				
Cash and cash equivalents	\$ 23,240	\$ 193	\$ 23,433	\$ 195,270
Cash and cash equivalents - member funds	10,584	-	10,584	10,531
Accounts receivable	11,071	39,731	50,802	7,787
Prepaid expenses	2,990	-	2,990	6,859
Total current assets	<u>47,885</u>	<u>39,924</u>	<u>87,809</u>	<u>220,447</u>
PROPERTY				
Vehicles	90,787	-	90,787	90,787
Equipment	31,811	-	31,811	31,811
Leasehold improvements	4,500	-	4,500	4,500
Total	127,098	-	127,098	127,098
Less: accumulated depreciation	<u>(110,355)</u>	<u>-</u>	<u>(110,355)</u>	<u>(93,610)</u>
Property, net	<u>16,743</u>	<u>-</u>	<u>16,743</u>	<u>33,488</u>
Total assets	<u>\$ 64,628</u>	<u>\$ 39,924</u>	<u>\$ 104,552</u>	<u>\$ 253,935</u>

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES				
Accounts payable	\$ 3,654	\$ -	\$ 3,654	\$ 5,445
Accrued payroll and related taxes	12,856	-	12,856	11,270
Refundable advances	-	39,924	39,924	182,103
Refundable advances - Crisis Respite	-	-	-	13,366
Total current liabilities	<u>16,510</u>	<u>39,924</u>	<u>56,434</u>	<u>212,184</u>
NET ASSETS				
Without donor restrictions	<u>48,118</u>	<u>-</u>	<u>48,118</u>	<u>41,751</u>
Total net assets	<u>48,118</u>	<u>-</u>	<u>48,118</u>	<u>41,751</u>
Total liabilities and net assets	<u>\$ 64,628</u>	<u>\$ 39,924</u>	<u>\$ 104,552</u>	<u>\$ 253,935</u>

See Notes to Financial Statements

THE ALTERNATIVE LIFE CENTER

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2019 WITH COMPARATIVE TOTALS FOR JUNE 30, 2018**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>2019 Total</u>	<u>2018 Total</u>
SUPPORT AND REVENUE				
Bureau of Mental Health Services support and revenue:				
Grants	\$ 552,169	\$ -	\$ 552,169	\$ 473,521
Interest	52	-	52	107
	<hr/>	<hr/>	<hr/>	<hr/>
Total Bureau of Mental Health Services support and revenue	552,221	-	552,221	473,628
	<hr/>	<hr/>	<hr/>	<hr/>
Other support and revenue:				
Peer support revenue	24,348	-	24,348	10,036
Fundraising and donations	2,335	-	2,335	5,777
	<hr/>	<hr/>	<hr/>	<hr/>
Total other support and revenue	26,683	-	26,683	15,813
	<hr/>	<hr/>	<hr/>	<hr/>
Total support and revenue	578,904	-	578,904	489,441
	<hr/>	<hr/>	<hr/>	<hr/>
EXPENSES				
Program services	488,459	-	488,459	421,645
Management and general	84,078	-	84,078	79,465
	<hr/>	<hr/>	<hr/>	<hr/>
Total expenses	572,537	-	572,537	501,110
	<hr/>	<hr/>	<hr/>	<hr/>
CHANGE IN NET ASSETS	6,367	-	6,367	(11,669)
	<hr/>	<hr/>	<hr/>	<hr/>
NET ASSETS AT BEGINNING OF YEAR	41,751	-	41,751	53,420
	<hr/>	<hr/>	<hr/>	<hr/>
NET ASSETS AT END OF YEAR	\$ 48,118	\$ -	\$ 48,118	\$ 41,751
	<hr/>	<hr/>	<hr/>	<hr/>

See Notes to Financial Statements

THE ALTERNATIVE LIFE CENTER

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2019 WITH COMPARATIVE TOTALS FOR JUNE 30, 2018**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>2019 Total</u>	<u>2018 Total</u>
CASH FLOWS FROM OPERATING ACTIVITIES				
Change in net assets	\$ 6,367	\$ -	\$ 6,367	\$ (11,669)
Adjustments to reconcile change in net assets to net cash provided by operating activities:				
Depreciation	16,745	-	16,745	16,745
(Increase) decrease in assets:				
Accounts receivable	(8,115)	(34,900)	(43,015)	(5,747)
Prepaid expenses	3,869	-	3,869	1,355
Increase (decrease) in liabilities:				
Accounts payable	(1,791)	-	(1,791)	1,960
Accrued payroll and related taxes	1,586	-	1,586	1,648
Refundable advances	-	(142,179)	(142,179)	2,052
Refundable advances - Crisis Respite	-	(13,366)	(13,366)	5,379
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	<u>18,661</u>	<u>(190,445)</u>	<u>(171,784)</u>	<u>11,723</u>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	18,661	(190,445)	(171,784)	11,723
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>15,163</u>	<u>190,638</u>	<u>205,801</u>	<u>194,078</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 33,824</u>	<u>\$ 193</u>	<u>\$ 34,017</u>	<u>\$ 205,801</u>

See Notes to Financial Statements

THE ALTERNATIVE LIFE CENTER

**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2019 WITH COMPARATIVE TOTALS FOR JUNE 30, 2018**

	<u>Program Services</u>	<u>Management and General</u>	<u>2019 Total</u>	<u>2018 Total</u>
Salaries and wages	\$ 274,410	\$ 41,572	\$ 315,982	\$ 262,313
Payroll taxes	21,987	3,195	25,182	21,421
Employee benefits	16,585	13,306	29,891	21,178
Rent	48,907	1,661	50,568	49,663
Education and in service training	30,936	-	30,936	33,697
Professional fees	10,105	8,785	18,890	15,397
Travel - staff transportation	21,482	-	21,482	25,070
Depreciation	8,372	8,373	16,745	16,745
Insurance	8,082	4,814	12,896	11,129
Telephone and internet	10,244	387	10,631	10,742
Transportation - client services	6,485	-	6,485	6,318
Utilities	7,858	-	7,858	7,483
Office supplies and advertising	1,986	1,985	3,971	4,625
Consumable supplies and food	2,765	-	2,765	3,790
Building and household supplies	2,059	-	2,059	2,418
Repairs and maintenance	3,061	-	3,061	3,454
Postage	9,328	-	9,328	551
Membership expenses	2,492	-	2,492	2,421
Other	1,315	-	1,315	2,695
Total functional expenses	<u>\$ 488,459</u>	<u>\$ 84,078</u>	<u>\$ 572,537</u>	<u>\$ 501,110</u>

See Notes to Financial Statements

THE ALTERNATIVE LIFE CENTER

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2019**

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The Alternative Life Center (the Center) is a New Hampshire nonprofit corporation providing four sanctuaries where people coping with or recovering from symptoms of mental illness or emotional disorders learn to create a personal vision leading to their own recovery in a compassionate atmosphere through education, peer support, sharing of common experiences and utilizing individual as well as community resources in Conway, Berlin, Colebrook, Littleton and Wolfeboro, New Hampshire and surrounding communities.

Basis of Accounting

The financial statements of the Center have been prepared on the accrual basis of accounting.

Use of Estimates

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

Basis of Presentation

The financial statements of the Center have been prepared in accordance with U.S. generally accepted accounting principles (US GAAP), which require the Center to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Center. These net assets may be used at the discretion of the Center's management and board of directors.

Net assets with donor restrictions – Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Center or by passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities.

The Center only had net assets without donor restrictions for the year ended June 30, 2019.

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Center's financial statements for the year ended June 30, 2018, from which the summarized information was derived.

Cash and Cash Equivalents

The Center classifies certificates of deposit as cash equivalents. The Center maintains cash accounts for funds raised by members' to be used for members' benefit.

Accounts Receivable

Accounts receivable consists of grants and program service fees receivable. At June 30, 2019, accounts receivable were considered fully collectable, and therefore, no provisions for bad debts have been made in these financial statements.

Reclassifications

Certain accounts in the prior-year financial statements have been reclassified for comparative purposes to conform with the presentation in the current-year financial statements.

Advertising

The Center expenses advertising costs as incurred.

Property and Depreciation

Property is stated at cost or fair value at date of donation. Material assets with a useful life in excess of one year are capitalized. Depreciation is computed using straight-line methods over the estimated lives of the related assets as follows:

Vehicles	5 years
Equipment	5 - 7 years
Leasehold improvements	5 years

Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized. Assets sold or otherwise disposed of are removed from the accounts, along with the related depreciation allowances, and any gain or loss is recognized.

Fair Value of Financial Instruments

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

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

Income Taxes

The Center is a nonprofit corporation exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. The Internal Revenue Service has determined the Center to be other than a private foundation.

The Center follows FASB ASC Topic No. 740, Accounting for Uncertainty in Income Taxes, which requires the Center to report uncertain tax positions, related interest and penalties, and to adjust its assets and liabilities for unrecognized tax benefits and accrued interest and penalties accordingly. At June 30, 2019, the Center determined it had no tax positions that did not meet the "more likely than not" standard of being sustained by tax authorities.

The Center's open audit periods are 2015 through 2018. The Center does not expect any tax positions to change significantly within the next twelve months.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, costs have been allocated among the programs and supporting services benefited. Such allocations have been determined by management on an equitable basis. Salaries and wages have been allocated based on time and effort. All other expenses are allocated based on direct assignment.

Donations

Donated materials and equipment are reflected as contributions in the accompanying financial statements at their estimated values at date of receipt. No amounts have been reflected in the statements for donated services, as no objective basis is available to measure the value of such services; however, a number of volunteers have donated time to the Center's program services. The Board of Directors serves in a volunteer capacity.

Subsequent Events

Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing financial statements. Non-recognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date, but arose after that date. Management has evaluated subsequent events through November 7, 2019, the date the June 30, 2019 financial statements were available for issuance.

New Accounting Pronouncement

On August 18, 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) – *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Center has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to all periods presented.

NOTE 2

LIQUIDITY AND AVAILABILITY

The following represents the Center's financial assets as of June 30, 2019:

Financial assets at year-end:

	<u>2019</u>
Cash and cash equivalents	\$ 34,017
Accounts receivable	<u>50,802</u>
Total financial assets	<u>\$ 84,819</u>
Less amounts not available to be used within one year:	
Refundable advances available to spend only with approval from the State	<u>\$ 39,924</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 44,895</u>

The Center's goal is generally to maintain financial assets to meet 30 days of operating expenses (approximately \$46,000).

NOTE 3 **REFUNDABLE ADVANCES**

The Center records grant revenue as a refundable advance until it is expended for the purpose of the grant, at which time it is recognized as revenue. The balance in refundable advance liabilities at June 30, 2019, represents amounts received from the New Hampshire Department of Health and Human Services, Bureau of Mental Health Services (BMHS) that will be expended in future fiscal years in accordance with the grant agreement and the approval of BMHS. The Schedule of Bureau of Mental Health Services (BMHS) Refundable Advances reconciles the refundable advance liabilities.

NOTE 4 **FUNDRAISING REVENUE**

The Center recorded fundraising activities revenue for proceeds from yard-sale type fundraising events during the year ended June 30, 2019. The Center conducts these activities to raise funds for specific client activities or non-budgeted Center expenses. These funds are kept in separate accounts by the Center, and related expenses are recorded as either fundraising or client expenses. The net income from these activities is not related to the refundable advance received from the New Hampshire Department of Health and Human Services, Bureau of Mental Health Services.

NOTE 5 **LEASE AGREEMENTS**

The Center leases its facilities under the terms of operating leases that expired June 30, 2019. New one year leases were signed effective July 1, 2019. Lease payments totaled \$50,568 for the year ended June 30, 2019 and future minimum lease payments are \$50,568.

NOTE 6 **CONCENTRATION OF RISK**

For the year ended June 30, 2019, approximately 95% of the total support and revenue was derived from the New Hampshire Department of Health and Human Services, Bureau of Mental Health Services. The future existence of the Center is dependent upon the funding policies and continued support of this source.

NOTE 7 **CONTINGENCIES – GRANT COMPLIANCE**

The Center receives funds under a state grant and from Federal sources. Under the terms of these agreements, the Center is required to use the funds within a certain period and for purposes specified by the governing laws and regulations. If expenses were found not to have been made in compliance with the laws and regulations, the Center might be required to repay the funds.

No provisions have been made for these contingencies because specific amounts, if any, have not been determined or assessed by government audits as of June 30, 2019.

NOTE 8 **RETIREMENT PLAN**

The Center maintains a tax sheltered 403(b) plan that covers substantially all full-time employees. The Center contributes up to 3% of the base compensation of eligible participants to the plan. Contributions to the plan for the year ended June 30, 2019 totaled \$2,281.

THE ALTERNATIVE LIFE CENTER

**SCHEDULE OF FUNCTIONAL REVENUE, SUPPORT AND EXPENSES
FOR THE YEAR ENDED JUNE 30, 2019**

	Peer Support Conway	Peer Support Berlin	Peer Support Colebrook	Peer Support Littleton	Warm Line	Crisis Reapite	Total BMHS Funds	Other Non-BMHS Programs	2019 Total
REVENUE AND SUPPORT									
Grants	\$ 181,756	\$ 60,264	\$ 72,091	\$ 128,059	\$ 21,648	\$ 88,351	\$ 552,169	\$ -	\$ 552,169
Peer support revenue	-	-	-	-	-	-	-	24,348	24,348
Fundraising and donations	-	-	-	-	-	-	-	2,335	2,335
Interest	52	-	-	-	-	-	52	-	52
Total revenue and support	\$ 181,808	\$ 60,264	\$ 72,091	\$ 128,059	\$ 21,648	\$ 88,351	\$ 552,221	\$ 26,683	\$ 578,904
EXPENSES									
Program Services:									
Salaries and wages	\$ 27,526	\$ 35,507	\$ 48,674	\$ 56,419	\$ 20,351	\$ 71,900	\$ 260,377	\$ 14,033	\$ 274,410
Payroll taxes	2,052	2,903	3,927	4,614	1,699	5,701	20,896	1,091	21,987
Employee benefits	6,482	1,009	2,096	4,690	542	1,331	16,150	435	16,585
Rent	14,947	9,660	10,800	13,500	-	-	48,907	-	48,907
Education and in service training	27,487	-	104	-	-	-	30,936	-	30,936
Professional fees	10,105	-	-	-	-	3,345	10,105	-	10,105
Travel - staff transportation	4,857	1,436	4,132	7,082	-	-	18,985	2,497	21,482
Depreciation	8,372	-	-	-	-	-	8,372	-	8,372
Insurance	8,082	-	-	-	-	-	8,082	-	8,082
Telephone and internet	2,148	1,815	2,366	1,704	879	1,332	10,244	-	10,244
Transportation - client services	2,344	747	1,664	1,151	-	579	6,485	-	6,485
Utilities	2,057	1,671	1,227	693	-	2,210	7,858	-	7,858
Office supplies and advertising	137	361	659	819	-	-	1,986	-	1,986
Consumable supplies and food	815	596	457	661	-	-	2,765	-	2,765
Building and household supplies	960	573	344	587	-	236	2,059	-	2,059
Repairs and maintenance	2,588	83	5	341	-	44	3,061	-	3,061
Postage	9,231	20	30	47	-	-	9,328	-	9,328
Membership expenses	-	-	-	-	-	-	-	2,492	2,492
Other	954	45	44	272	-	-	1,315	-	1,315
Total program services:	\$ 130,544	\$ 56,426	\$ 76,539	\$ 92,580	\$ 23,471	\$ 88,351	\$ 467,911	\$ 20,548	\$ 488,459
Management and general:									
Salaries and wages	\$ 8,314	\$ -	\$ -	\$ 33,258	\$ -	\$ -	\$ 41,572	\$ -	\$ 41,572
Payroll taxes	799	-	-	2,396	-	-	3,195	-	3,195
Employee benefits	1,331	-	-	11,975	-	-	13,306	-	13,306
Rent	1,661	-	-	-	-	-	1,661	-	1,661
Professional fees	8,785	-	-	-	-	-	8,785	-	8,785
Depreciation	8,373	-	-	-	-	-	8,373	-	8,373
Insurance	4,814	-	-	-	-	-	4,814	-	4,814
Telephone and internet	387	-	-	-	-	-	387	-	387
Office supplies and advertising	1,588	-	-	397	-	-	1,985	-	1,985
Total management and general	\$ 36,052	\$ -	\$ -	\$ 48,026	\$ -	\$ -	\$ 84,078	\$ -	\$ 84,078
Total expenses	\$ 166,596	\$ 56,426	\$ 76,539	\$ 140,606	\$ 23,471	\$ 88,351	\$ 551,989	\$ 20,548	\$ 572,537

See Independent Auditors' Report

THE ALTERNATIVE LIFE CENTER

SCHEDULE OF BUREAU OF MENTAL HEALTH SERVICES (BMHS)
REFUNDABLE ADVANCES
FOR THE YEAR ENDED JUNE 30, 2019

	<u>Total</u>
Total FY 2019 BMHS funds received	\$ 500,858
Recognition of funds released by BMHS	<u>155,545</u>
Total funds received	656,403
BMHS expenses (taken from audit report)	(551,989)
Paid on behalf of other agencies	(121,211)
Interest on BMHS funds held	52
Depreciation expense	<u>16,745</u>
BMHS surplus	-
Refundable advances balance at June 30, 2018	195,469
Refundable advances used	<u>(155,545)</u>
Refundable advances balance at June 30, 2019, including Crisis Respite	39,924
Less: refundable advances - Crisis Respite	<u>-</u>
Refundable advances - balance at June 30, 2019	<u>\$ 39,924</u>

BOARD MEMBERS 2019-2020

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(President)

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(Vice president)

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FYI: Laura Mekinova
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ALC 447-1765 Laura: 444-5344 (LPS)
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(10/15/2019)

Laura Mekinova

Woodsville, NH 03785
houdini03785@gmail.com
603 259 6610

OBJECTIVE

To challenge myself and grow in my position and life.

EDUCATION

2018	Recovery Coach Intentional Peer Support Trainer Refresher
2016	Intentional Peer Support Trainer Refresher
2015	WRAP Facilitator
2014	Peer Specialist Certification
2013	Intentional Peer Support Trainer
2008	Certified in intentional Peer Support
1998	G.E.D

WORK EXPERIENCE

May 2014- Present

Intentional Peer Support Trainer
Responding for effectively training the Peer Support Agencies in intentional Peer Support, also maintaining their Co Reflections, Warm line trainings, Conflict Resolutions, and Crisis Respite training.

December 2006 – Present

The Alternative Life Center
Started as floor staff and currently Executive Director. Duties include but not limited to, facilitating support/wellness groups, building community ties and contacts, promoting the wellness of the individuals we serve. Overseeing four sites, one outreach, a warm line, a respite and two peer specialist positions.

Laura Mekinova

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houdini03785@gmail.com
603 259 6610

May 2006- December 2006

Sunny Garden Restaurant
Waitressing

November 2005- April 2006

HR Block
Bookkeeper and accounts payable

SKILLS

Computer literate, effective communication skills, and a team player. Proficient writing skills.

REFERENCES

Available upon request.

May 2020

Melody Brochu

Staff Member:

The Alternative Life Center

<p>Contact</p> <p>111 Elm St, Gorham NH 03570 603-883-1111 alcbmel@gmail.com</p>	<p>Objective</p> <p>To continue my successful work in The Alternative Life Center</p>
<p>Skills and Abilities</p>	<ul style="list-style-type: none">❖ Exceptional Organizational Skills❖ Outstanding General Office Skills❖ Able to assist in the day to day operation of the center (Serenity Steps)❖ Facilitates numerous educational, social, and support groups❖ Facilitates a dual issues group
<p>Education</p>	<p>Lyndon State College Granite State College B.S. in Special Education Granite State Collage (advanced degree classes)</p>
<p>Work Related Educational Experiences</p>	<ul style="list-style-type: none">❖ Recovery Coach❖ Successfully completed core training in Intentional Peer Support❖ Completed Wellness Recovery Action Plan (WRAP) Seminar I❖ Completed other trainings including:<ul style="list-style-type: none">▪ Warmline,▪ Member Rights,▪ Sexual Harassment,▪ Conflict Resolution

MAY 2020

KELLY BAER

~~XXXXXXXXXX~~ Berlin N H 03570
~~XXXXXXXXXX~~

OBJECTIVE

To continue my employment at The Alternative Life Center (Serenity Steps)

SKILLS & ABILITIES

- Able to assist in the day to day operation of running a peer support center (Serenity Steps)
- Facilitate support and educational groups.
- Provide telephone support
- Works with other staff in other tasks as needed

EDUCATION

BERLIN HIGH SCHOOL, BERLIN, NH (1992)

HESSER COLLEGE: (ACCOUNTING)

WORK RELATED TRAINING

- > Completed the Core Training in Intentional Peer Support.
- > Certified Facilitator in Wellness Recovery Action Plan (WRAP)
- > Participated in other trainings including:
 - Warmline
 - Member Rights
 - Sexual Harassment
 - Conflict Resolution

| REFERENCES AVAILABLE UPON REQUEST

ELLEN TAVINO

~~TO [REDACTED]~~ Berlin, NH 03570 (603) ~~[REDACTED]~~

OBJECTIVE

To continue working in a Peer Support Center

SKILLS & ABILITIES

- Able to effectively communicate with supervisor, staff and members at a Peer Support Center
- Am able to complete a statistical report for a Peer Support Center
- Am responsible for a monthly calendar and The Alternative Life Center's monthly newsletter.

THE ALTERNATIVE LIFE CENTER 2003 TO CURRENT

Am responsible for the day to day operation of a Peer Support Center. My current role is as Team Leader

EXPERIENCE

PEER SUPPORT WORKER (NORTHERN HUMAN SERVICES)
Provided peer support services to individuals with mental health challenges, for approximately two years. (Left to work at The Alternative Life Center))

Day Habilitation Aid (Volunteer) (NORTHERN HUMAN SERVICES)

Was assisting in teaching Daily living skills, language development, and community integration for severely intellectually impaired individuals for approximately 10 years

EDUCATION

LYNDON STATE COLLEGE
B.S. in Behavioral Sciences

Received the Rita Boyle Award for academic achievement

Certified in Intentional Peer Support

Certified Facilitator of Wellness Recovery Action Planning (WRAP)

Have Successful Completed Annual Trainings In:

PROFESSIONAL ACHIEVEMENTS

- Warmline
- Conflict Resolution
- Sexual Harassment
- Member/Client Rights

References Available Upon Request

Brian Beaton

Colebrook, NH

Objective:

Obtain a Job working with the public.

Work History & Responsibilities:

ALC Respite Coordinator

Present

Staff At the Haven

2011 –Present

The Alternative Life Center, the Haven in Colebrook NH;

Facilitate Groups

Help members with WRAP plans

Listen and communicate with members.

Self – Employment NH;

2008 – 2010

Painting Houses, Decks, Barns etc.

Landscaping – fence building, yard work, building rock walls

Colebrook Carpet Center

2002 – 2011

Forman

Taught help to lay rugs.

Supervised crews work

Bonneville Window factory

1999 – 2001

Fork truck operator

Trained new worker to operate the computer, as well as run the fork truck.

I advanced to the shipping department after 3 years

Education & Certifications:

Wellness Recovery Action Plan (WRAP) certified

Intentional Peer Support (IPS) certified

CPR and First Aid certified

Northland Job Core Center

1982 – 1984

1. Building and Maintenance

2. Graduated gas welder category 2 all positions

Joanne Hill

~~XXXXXXXXXX~~ Colebrook, N.H. 03578

Objective:

Obtain a position where I can utilize my acquired skills and advance my experiences in serving the public.

Work History & Responsibilities:

Assistant Director for Region 1 ALC 2015 - present
Peer Support Specialist for Littleton Northern Human Services 2015 - present

Team Leader 2007-present
The Alternative Life Center, the Haven in Colebrook NH;
Oversee staff and members
Help members become more secure with themselves and the community
Assist members with WRAP Programs and IPS
Represent the Haven at the Resource Committee

Waitress & Bartender 1998-2006
Colebrook Country Club & Cedar Lounge in Colebrook NH;
Assist with service planning, functions, and finances.
Deescalated potentially dangerous situations.

Patient Advocate 1994-1998
UCVMHS and Vershire Center in Colebrook NH;
Oversee individuals' finances, housing and medications
Documentation for state data and monthly progress reports
Social communications and ADL skills

Behavior Specialist Assistant 1992-1993
Leominster Day Habilitation Center in Leominster MA;
Taught and supervised staff as to the implementation of behavioral programs within center and independent group homes
Documented information for evaluation, reassessments and Senior Case Manager
Organized and managed human rights committee meetings for district
Appointed representative for semi-annual and annual meetings for district

Vocational Instructor 1987-1992
Leominster Day Habilitation Center in Leominster MA;
Taught vocational, social, communicative and daily living skills
Implemented behavior programs as assigned
Documented data and monthly progress reports

Education & Certifications:

Bachelor of Science: Human Services 2008
Associate of Arts: Arts 1983

Wellness Recovery Action Plan (WRAP) certified
Intentional Peer Support Specialist (IPS) certified

Kevin A. Rodwell

~~XXXXXXXXXX~~ 5

KRodwell85@gmail.com

~~XXXXXXXXXX~~

Woodsville, NH 03785

OBJECTIVE:

My objective to obtaining the Assistant Director, is to continue my development and knowledge of Core IPS Tasks, Principles, & Values of the Intentional Peer Support practice. To carry on the practice of IPS and play an active role in the training process and execution of peer support on all fronts. In addition I would like to be able to support and encourage those in peer support to take it to the next level, Those new to it, to understand its purpose and instill its effectiveness. I want to be an avenue of effective IPS practice and a practitioner of passing the message along to all those whom could benefit from Peer Support.

SKILLS & ABILITY:

Quick Learner
Passionate
Adaptable
Knowledgeable about the IPS Core Tasks & Principles

Energetic

Team Player

EXPERIENCE:

FEBRUARY 2018 – CURRENT

PEER SUPPORT ASSISTANT, ON THE ROAD TO WELLNESS

I was hired as a peer support assistant to learn the practice of IPS and practice peer support intentionally. I created and maintained peer relationships with the responsibility of facilitating fifteen of our twenty available groups. I base the groups and create material that is relevant to the group, the daily needs of fellow Peers, and ultimately spreading the practice of intentionally practicing peer support. I help support my fellow peers and co workers to achieve wellness an optimal level, consistently.

- ✦ 2nd Annual Breakfast Speech
- ✦ Chosen to be sponsored and trained at state level.

OCTOBER 2018 – CURRENT

Mentee/State Trainer Trainee, NH Peer Support Mentoring Program

- ✦ Trained to conduct co-reflections as of April 16, 2019.
- ✦ Trained to teach the new training modules as of April 16, 2019.

FEBRUARY 2019 – JUNE 2019

RESPITE / FLOOR STAFF, ALTERNATIVE LIFE CENTER

- ✦ Worked Floor and Respite as staff expanding my experience of demonstrating IPS with my peers in the communities we serve.

JUNE 2019 – FEBRUARY 2020

NH IPS STATE TRAINER, NH PEER VOICE

- ✦ Conduct state-wide Trainings for IPS in NH:

- IPS CORE
- IPS REFRESHER
- WARMLINE
- CRISIS RESPITE
- COREFLECTIONS

JUNE 2019 – FEBRUARY 2020

DIRECTOR OF PUBLIC RELATIONS, ALTERNATIVE LIFE CENTER

- ✦ Established and maintained relationships in the community.
- ✦ Redesigned organizational forms and created an easy-access database.
- ✦ Rebranded our organizational logo, pamphlet, and website.
- ✦ Helped design and promote programming fro ALC with organizations in our community:

CCDP – Lincoln Police

CCDP – Littleton Regional Hospital

FEBRUARY 2019 – CURRENT 2020

ASSISTANT DIRECTOR , ALTERNATIVE LIFE CENTER

- ✦ Maintain Public Relations Responsibilities
- ✦ Working with staff and Executive director to improve programming and staffing.

MOU – The Bridge Project

EDUCATION:

Northern Essex Community College – Haverhill, MA – Associates in Business

JUNE 2012 Degree Awarded

REFERENCES:

Laura Mekinova

Executive Director – Littleton Peer Support

(603)-259-6610
alccenters@gmail.com

David Blacksmith

Executive Director – On The Road To Wellness

(603)-540 1431
David.b@otrtw.org

Shawn Cardi

~~1000 South Main Street~~ Littleton, NH 03651
~~603-887-1234~~ • shawncardi75@gmail.com

Objective

- My objective is to grow in every way possible in hopes to be able to be utilized in a way that will make a difference in my community while also financially securing my life's responsibilities.

Key Qualifications

- <Qualification 1>.lived experience
- <Qualification 2>.Ambition to grow
- <Qualification 3>.motivated.

Work Experience

Senior Position, Company.
Lacross footwear

Mar 2002- 2003

- <Accomplishment 1>.machine opp.
- <Accomplishment 2>.
- <Accomplishment 3>.

Position, Company.
Bordentown nj, metal shop

2007- 2014

- <Accomplishment 1>.welding t.i.g, m.i.g
- <Accomplishment 2>.breaking
- <Accomplishment 3>.finish

Phoenix precast

2014-2015

- Laborer

Dunkin' Donuts

2019-2020

- Cashier

Alternative Life Center

2019-present

- Peer

Education

Joseph A Pineo

~~XXXXXXXXXXXXXXXXXXXX~~ Littleton NH 03561

EXPERIENCE

Littleton peer support Center date started May 2 2013 to present

Janitor clean and green date started 2011 to March 2020

Truck unloaded Walmart date started 2001 to 2005

Education

I graduated from Littleton High school 1997

I am certified in IPS, Wrap, Warmline and recovery coaching.

Joshua Macey

[REDACTED]
Littleton

01561

hikenewenglandmacey@gmail.com
[REDACTED]

Experience

Executive Assistant

Alternative Life Center
2019 - Present

Assistant Manager

McDonald's
2014 - 2018

Assisted with the training of assigned staff and site based staff in the proper use of specialized tools, materials, and equipment. Helped create bi-weekly schedule for 10+ hourly employees. Assisted in performing preventive maintenance where possible to keep equipment in good running condition. Dealt with many individual consumers in making sure they were dealt with in a timely, friendly, and professional manner.

Education

Highschool Diploma

WPIRHS
2012 - 2016

Barbara Young

[REDACTED]

North Conway NH 03860 [REDACTED]

Skills and Abilities:

Experienced Warmline worker, Alternative Life Centers: Conway Peer Support Center, Main St, Conway NH

Experience:

Peer Support Warmline worker 2007- present. Working Warmline 4 days per week, providing Peer Support to callers. Experienced at implementing Intentional Peer Support principles with callers, I enjoy my work.

Education:

Certificate in Intentional Peer Support (IPS) and Wellness Recovery Action Planning (WRAP).

Wagner College, New York, NY And Hunter College, City University of New York, New York, NY.

Other Activities, Accomplishments:

Member, NH Disaster Animal Response Team (DART), Volunteer, Conway Area Humane Society.

References Upon Request

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Laurn Mekinova	Executive Director	48,880.00	100%	48,880.00
Kevin Rodwell	Assistant Director	42,640.00	100%	42,640.00
Joanne Hill	Program Coordinator	29,120.00	100%	29,120.00
Dec Palmer	Program Coordinator	31,200.00	100%	31,200.00
Shawn Cardi	Program Coordinator	18,304.00	100%	18,304.00



State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Peer Support Services Contract

This 3rd Amendment to the Peer Support Services contract (hereinafter referred to as "Amendment #3") 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 Stepping Stone Drop-In Center Association, (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 108 Pleasant Street, Claremont, NH 03743.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2016, (Item #23), as amended on June 20, 2018, (Item #33B), and on June 19, 2019, (Item #28), 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 or terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18 and Exhibit C-1, Revisions to General Provisions, Paragraph 3, the Contract may be amended and extended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

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 1.7, Completion Date to read:
June 30, 2022.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
\$2,296,642.
3. Modify Exhibit A – Amendment #2, Scope of Services, Subsection 1.5., to read:
1.5. RESERVED.
4. Modify Exhibit A – Amendment #2, Scope of Services, Section 3., Subsection 3.1. Peer Support Services, Paragraph 3.1.1., Subparagraph 3.1.1.2. to read:
 - 3.1.1.2. Maintaining a safe physical location that:
 - 3.1.1.2.1. Is open a minimum total of forty-four (44) hours per week, eight (8) hours per day, five days per week and four (4) hours on one (1) additional day per week at each location; and
 - 3.1.1.2.1. Provides face-to-face or telephone peer support services to peer support agency members or others who contact the peer support agency at a minimum of forty (40) hours per week at each location.
5. Modify Exhibit A – Amendment #2, Scope of Services, Section 11. Reporting, Subsection 11.3., to read:
 - 11.3. The Contractor shall provide to the Department by the fifteenth (15th) day of the month following the end of each quarter, the prior quarter's Board of Director meeting minutes, with all attachments, including, but not limited to, the Executive Director's report and Board

**New Hampshire Department of Health and Human Services
Peer Support Services**



of Directors' Roster.

6. Modify Exhibit A – Amendment #2, Scope of Services, Section 11. Reporting, Subsection 11.5., to read:
 - 11.5. The Contractor shall submit a quarterly written report to the Department, on a form supplied by the Department, no later than the fifteenth (15th) day of the month following the quarter regarding:
 - 11.5.1. Community outreach activities as outlined in Section 12. Deliverables, Subsection 12.3.
 - 11.5.2. Compilation of program evaluation and surveys submitted in the past quarter.
 - 11.5.3. Quarterly peer support service deliverables as identified on templates provided by the Department.
 - 11.5.4. Quarterly statistical data including, but not limited to:
 - 11.5.4.1. The total number of unduplicated participants served on a daily basis.
 - 11.5.4.2. The total number of current members, defined as only those members who have been served within the past year.
 - 11.5.4.3. Program utilization totals by percentage.
 - 11.5.4.4. Number of telephone peer support contacts.
 - 11.5.4.5. Number and description of outreach activities.
 - 11.5.4.6. Number and description of educational events provided:
 - 11.5.4.6.1. On-site; and
 - 11.5.4.6.2. In the community.
7. Add Exhibit A – Amendment #2, Scope of Services, Section 12. Deliverables, Subsection 12.1., Paragraph 12.1.6., to read:
 - 12.1.6. Five (5) of these hours may be conducted in the center's community or region as approved through the Department.
8. Add Exhibit A – Amendment #2, Scope of Services, Section 14. Quality Improvement, Subsection 14.5., to read:
 - 14.5. The Contractor shall provide all requested audits within ten (10) days of receiving the request from the Department.
9. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 5., to read:
 5. Subsequent to the action in Section 4., the Department shall make monthly payments to the Contractor based upon cost reimbursement, as submitted by the Contractor to maintain services and as approved by the Department, of the Department approved budget amounts in Exhibit B-1 Budget Form through Exhibit B-6 Amendment #3 SFY 2022 Budget.
 - 5.1. In no event shall the total of the initial payment in Section 4. and monthly payments in Section 5. exceed the budget amounts set forth in Section 5.
 - 5.2. The Department will adjust monthly payments for expenditures set forth in Section 9., below and amounts paid to initiate services in Section 4., above.

New Hampshire Department of Health and Human Services
Peer Support Services

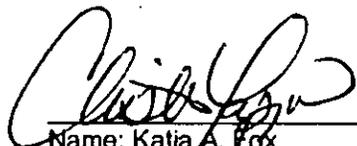


All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #3 remain in full force and effect. This amendment shall be effective upon the date of Governor and Executive Council approval.

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

5-22-2020
Date


Name: Katja A. Fox
Title: Director

The Stepping Stone Drop-In Center Association

May 20, 2020
Date


Name: Paul J. Marinelli
Title: Board Treasurer

New Hampshire Department of Health and Human Services
Peer Support Services



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

OFFICE OF THE ATTORNEY GENERAL

5/28/20

Date

/s/ Christen Lavers

Name:

Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

Exhibit B-4 - Amendment #3

SFY 2020 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: The Stepping Stone Drop-In Center Association		
Budget Request for: Peer Support Services		
Budget Period: SFY20 (7/1/19 through 6/30/20)		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	219,185
602	Employee Benefit	34,241
603	Payroll taxes	16,768
	Subtotal	270,193
620	PROFESSIONAL FEES	
624	Accounting	1,389
625	Audit Fees	8,929
626	Legal Fees	150
627	Other Professional Fees and Consultants	0
	Subtotal	10,468
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	419
632	In-Service Training	3,000
633	Conferences and Conventions	0
634	Other Staff Development	475
	Subtotal	3,894
640	OCCUPANCY COSTS	
641	Rent	0
642	Mortgage Payments	17,916
643	Heating Costs	8,650
644	Other Utilities	5,186
645	Maintenance and Repairs	14,800
646	Taxes	750
647	Other Occupancy Costs	0
	Subtotal	47,302
650	CONSUMABLE SUPPLIES	
651	Office	881
652	Building/Household	3,950
653	Rehabilitation/Training	450
655	Food	4,152
657	Other Consumable Supplies (Medical)	184
	Subtotal	9,617
	Other Expenses	
660	CAPITAL EXPENDITURES	0
665	DEPRECIATION	0
670	EQUIPMENT RENTAL	2,400
680	EQUIPMENT MAINTENANCE	6,437
700	ADVERTISING	100
710	PRINTING	300
720	TELEPHONE/COMMUNICATIONS	13,781
730	POSTAGE/SHIPPING	1,166
	Subtotal	24,184
740	TRANSPORTATION	
741	Board Members	0
742	Staff	2,940
743	Members and Participants	7,849
	Subtotal	10,789
750	Assistance to Individuals	
751	Client Services	0
752	Clothing	0
	Subtotal	0
760	INSURANCE	
761	Malpractice & Bonding	118
762	Vehicles	3,258
763	Comprehensive Property & Liability	10,588
800	OTHER EXPENDITURES (Dues & Crim Cks)	958
801	INTEREST EXPENSE	0
	Subtotal	14,922
	TOTAL PROGRAM EXPENSES	\$391,369

Exhibit B-5 - Amendment #3

SFY 2021 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: <u>The Stepping Stone Drop-In Center Association</u>		
Budget Request for: <u>Peer Support Services</u>		
Budget Period: <u>SFY21 (7/1/20 through 6/30/21)</u>		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	218,940
602	Employee Benefit	35,202
603	Payroll taxes	16,749
	Subtotal	270,891
620	PROFESSIONAL FEES	
624	Accounting	1,389
625	Audit Fees	9,000
626	Legal Fees	75
627	Other Professional Fees and Consultants	0
	Subtotal	10,464
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	419
632	In-Service Training	3,000
633	Conferences and Conventions	0
634	Other Staff Development	425
	Subtotal	3,844
640	OCCUPANCY COSTS	
641	Rent	0
642	Mortgage Payments	17,916
643	Heating Costs	8,014
644	Other Utilities	5,186
645	Maintenance and Repairs	12,858
646	Taxes	750
647	Other Occupancy Costs	0
	Subtotal	44,724
650	CONSUMABLE SUPPLIES	
651	Office	882
652	Building/Household	3,950
653	Rehabilitation/Training	176
655	Food	2,040
657	Other Consumable Supplies (Medical)	92
	Subtotal	7,140
	Other Expenses	
660	CAPITAL EXPENDITURES	0
665	DEPRECIATION	0
670	EQUIPMENT RENTAL	2,400
680	EQUIPMENT MAINTENANCE	13,743
700	ADVERTISING	100
710	PRINTING	300
720	TELEPHONE/COMMUNICATIONS	9,816
730	POSTAGE/SHIPPING	1,166
	Subtotal	27,525
740	TRANSPORTATION	
741	Board Members	0
742	Staff	1,725
743	Members and Participants	3,190
	Subtotal	4,915
750	Assistance to Individuals	
751	Client Services	0
752	Clothing	0
	Subtotal	0
760	INSURANCE	
761	Malpractice & Bonding	118
762	Vehicles	3,552
763	Comprehensive Property & Liability	10,988
800	OTHER EXPENDITURES (Dues & Crim Cks)	958
801	INTEREST EXPENSE	0
	Subtotal	15,616
TOTAL PROGRAM EXPENSES		\$385,119

Exhibit B-6 - Amendment #3

SFY 2022 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: <u>The Stepping Stone Drop-In Center Association</u>		
Budget Request for: <u>Peer Support Services</u>		
Budget Period: <u>SFY22 (7/1/21 through 6/30/22)</u>		
Line Item Budget Reference Number	Line Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	218,940
602	Employee Benefit	35,202
603	Payroll taxes	16,749
	Subtotal	270,891
620	PROFESSIONAL FEES	
624	Accounting	1,389
625	Audit Fees	9,000
626	Legal Fees	75
627	Other Professional Fees and Consultants	0
	Subtotal	10,464
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	419
632	In-Service Training	3,000
633	Conferences and Conventions	0
634	Other Staff Development	425
	Subtotal	3,844
640	OCCUPANCY COSTS	
641	Rent	0
642	Mortgage Payments	17,916
643	Heating Costs	8,014
644	Other Utilities	5,186
645	Maintenance and Repairs	12,858
646	Taxes	750
647	Other Occupancy Costs	0
	Subtotal	44,724
650	CONSUMABLE SUPPLIES	
651	Office	882
652	Building/Household	3,950
653	Rehabilitation/Training	176
655	Food	2,040
657	Other Consumable Supplies (Medical)	92
	Subtotal	7,140
	Other Expenses	
660	CAPITAL EXPENDITURES	0
665	DEPRECIATION	0
670	EQUIPMENT RENTAL	2,400
680	EQUIPMENT MAINTENANCE	13,743
700	ADVERTISING	100
710	PRINTING	300
720	TELEPHONE/COMMUNICATIONS	9,816
730	POSTAGE/SHIPPING	1,166
	Subtotal	27,525
740	TRANSPORTATION	
741	Board Members	0
742	Staff	1,725
743	Members and Participants	3,190
	Subtotal	4,915
750	Assistance to Individuals	
751	Client Services	0
752	Clothing	0
	Subtotal	0
760	INSURANCE	
761	Malpractice & Bonding	118
762	Vehicles	3,552
763	Comprehensive Property & Liability	10,988
800	OTHER EXPENDITURES (Dues & Crim Cks)	958
801	INTEREST EXPENSE	0
	Subtotal	15,616
	TOTAL PROGRAM EXPENSES	\$385,119

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 THE STEPPING STONE DROP-IN CENTER ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 08, 1995. 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: 235613

Certificate Number: 0004914893



IN TESTIMONY WHEREOF,

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

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

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Gretchen Stokes, hereby certify that:
(Name of the elected Officer of the Corporation)

1. I am a duly elected Secretary of The Stepping Stone Drop-In Center Association.
(Name of Corporation)
2. The following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on May 20, 2020, at which a quorum of the Directors was present and voting.
(Date)

VOTED:

That Paul J. Marinelli, Treasurer, is duly authorized on behalf of The Stepping Stone Drop-In Center Association
(Name and Title of Contract Signatory) (Name of Corporation)

to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position indicated and that he has full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 5/20/20

Gretchen Stokes

Signature of Elected Officer

Name: Gretchen Stokes

Title: Board Secretary



STEPSTO-04

PSMITH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/19/2020

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 A. B. Gile, Inc. PO Box 66 Hanover, NH 03755	CONTACT NAME:	
	PHONE (A/C, No, Ext): (603) 643-4540	FAX (A/C, No): (603) 643-6382
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Stepping Stone Drop in Center Association 108 Pleasant Street Claremont, NH 03743	INSURER A:	Philadelphia Insurance Co.
	INSURER B:	Eastern Alliance
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:			PHPK2111089	3/22/2020	3/22/2021	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 ABUSE AND MOLES \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2111091	3/22/2020	3/22/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> Y ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	01-125157-01	3/22/2020	3/22/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)
 Workers Compensation Covered States 3.A. Part One: NH; 3.C. Part Three: Refer To Residual Market Limited Other States Insurance Endorsement WC000326A. Excluded Officers: Paul J. Marinelli, Gretchen Stokes, and Lori Brown Yankowitz.

Evidence of Insurance - Employee Dishonesty - Limit: \$30,000 - Deductible: \$500 (Part of Policy PHPK1958461 - Policy Dates 3/22/20 - 3/22/21)

CERTIFICATE HOLDER

CANCELLATION

NH DHHS
129 Pleasant Street
Concord, NH 03301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

The Stepping Stone Drop In Center Association

Mission Statement

To support our mental health peers on their personal paths toward wellness within a community free from judgment where we share feelings, experiences, and tools in a respectful way.

Approved by Board of Directors 3/13/19

Financial Statements

**STEPPING STONE DROP-IN
CENTER ASSOCIATION**

**FOR THE YEARS ENDED JUNE 30, 2019 AND 2018
AND
INDEPENDENT AUDITORS' REPORT**

*Leone,
McDonnell
& Roberts*
PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS

STEPPING STONE DROP-IN CENTER ASSOCIATION

FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

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To the Board of Directors of
Stepping Stone Drop-In Center Association
Claremont, New Hampshire

INDEPENDENT AUDITORS' REPORT

We have audited the accompanying statements of Stepping Stone Drop-In Center Association (the "Association") (a New Hampshire nonprofit corporation), which comprise the statements of financial position as of June 30, 2019 and 2018, and the related statement of cash flows, and the notes to the financial statements for the years then ended, and the related statement of activities for the year ended June 30, 2019.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the express 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 principles used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Stepping Stone Drop-In Center Association as of June 30, 2019 and 2018 and its cash flows for the years then ended, and the changes in its net assets for the year ended June 30, 2019 in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Stepping Stone Drop-In Center Association's 2018 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated October 31, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Schedule of Functional Revenue, Support and Expenses on page 12 and The Bureau of Mental Health Services Refundable Advance – Designated and Surplus on page 13 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Leone, McDonnell & Roberts
Professional Association

November 22, 2019
Wolfeboro, New Hampshire

STEPPING STONE DROP-IN CENTER ASSOCIATION

**STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 2019 AND 2018**

	<u>ASSETS</u>	
	<u>2019</u>	<u>2018</u>
CURRENT ASSETS		
Cash and cash equivalents, designated	\$ 42,639	\$ 64,615
Cash and cash equivalents, undesignated	74,747	46,389
Accounts receivable, net	7,449	3,694
Contributions receivable	-	1,000
Prepaid expenses	<u>5,528</u>	<u>6,175</u>
Total current assets	<u>130,363</u>	<u>121,873</u>
 PROPERTY		
Building	453,689	453,689
Equipment	<u>93,467</u>	<u>74,755</u>
Total	547,156	528,444
Less: accumulated depreciation	<u>(201,977)</u>	<u>(191,407)</u>
Property, net	<u>345,179</u>	<u>337,037</u>
 TOTAL ASSETS	 <u>\$ 475,542</u>	 <u>\$ 458,910</u>
	 <u>LIABILITIES AND NET ASSETS</u>	
 CURRENT LIABILITIES		
Current portion of long-term debt	\$ 13,467	\$ 12,950
Accounts payable and accrued expenses	5,680	2,445
Accrued payroll and related liabilities	48,642	12,617
Refundable advances	7,494	13,549
Refundable advances, designated	<u>35,145</u>	<u>51,066</u>
Total current liabilities	110,428	92,627
 LONG-TERM DEBT, NET OF CURRENT PORTION SHOWN ABOVE	 <u>197,126</u>	 <u>211,187</u>
Total liabilities	<u>307,554</u>	<u>303,814</u>
 NET ASSETS		
Without donor restrictions	167,848	154,956
With donor restrictions	<u>140</u>	<u>140</u>
Total net assets	<u>167,988</u>	<u>155,096</u>
 TOTAL LIABILITIES AND NET ASSETS	 <u>\$ 475,542</u>	 <u>\$ 458,910</u>

See Notes to Financial Statements

STEPPING STONE DROP-IN CENTER ASSOCIATION

**STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION**

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>2019 Total</u>	<u>2018 Total</u>
REVENUE AND SUPPORT				
Grants	\$ 333,546	\$ -	\$ 333,546	\$ 348,044
Third-party reimbursements	190,109	-	190,109	106,900
Contributions	4,286	-	4,286	40,371
Rental income	12,672	-	12,672	11,603
Other	2,148	-	2,148	1,595
	<u>542,761</u>	<u>-</u>	<u>542,761</u>	<u>508,513</u>
Total revenues and support				
EXPENSES				
Program services:				
Stepping Stone	349,070	-	349,070	292,191
Next Step	98,078	-	98,078	96,016
Warm Line	23,761	-	23,761	23,596
Respite	41,331	-	41,331	30,970
Other Programs	17,629	-	17,629	28,430
General management allocation	(33,771)	-	(33,771)	(23,636)
Supporting activities:				
General management	33,771	-	33,771	23,636
	<u>529,869</u>	<u>-</u>	<u>529,869</u>	<u>471,203</u>
Total expenses				
CHANGES IN NET ASSETS	12,892	-	12,892	37,310
NET ASSETS, BEGINNING OF YEAR	<u>154,956</u>	<u>140</u>	<u>155,096</u>	<u>117,786</u>
NET ASSETS, END OF YEAR	<u>\$ 167,848</u>	<u>\$ 140</u>	<u>\$ 167,988</u>	<u>\$ 155,096</u>

See Notes to Financial Statements

STEPPING STONE DROP-IN CENTER ASSOCIATION

**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Changes in net assets	\$ 12,892	\$ 37,310
Adjustments to reconcile increase in net assets to net cash from operating activities:		
Depreciation	25,670	20,004
(Increase) decrease in assets:		
Accounts receivable, net	(3,755)	3,751
Contributions receivable	1,000	1,000
Prepaid expenses	647	3,315
Increase (decrease) in liabilities:		
Accounts payable and accrued expenses	3,235	1,308
Accrued payroll and related liabilities	36,025	1,935
Refundable advances	(6,055)	1,710
Refundable advances - designated	<u>(15,921)</u>	<u>(17,865)</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>53,738</u>	<u>52,468</u>
CASH FLOWS USED IN INVESTING ACTIVITIES		
Additions to property	<u>(33,812)</u>	<u>(22,087)</u>
NET CASH USED IN INVESTING ACTIVITIES	<u>(33,812)</u>	<u>(22,087)</u>
CASH FLOWS USED IN FINANCING ACTIVITIES		
Repayment of long-term notes payable	<u>(13,544)</u>	<u>(13,470)</u>
NET CASH USED IN FINANCING ACTIVITIES	<u>(13,544)</u>	<u>(13,470)</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS	6,382	16,911
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>111,004</u>	<u>94,093</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 117,386</u>	<u>\$ 111,004</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid during the year for interest	<u>\$ 9,006</u>	<u>\$ 8,916</u>

See Notes to Financial Statements

STEPPING STONE DROP-IN CENTER ASSOCIATION

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

NOTE 1 ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Stepping Stone Drop-In Center Association, (the Association) is a nonprofit organization incorporated under the laws of the State of New Hampshire on September 8, 1995. The Association is a voluntary, non-profit, educational, social, peer support association formed to support and assist people who are, have been, or could be at risk of becoming a consumer of psychiatric and/or psychological services. Services include provision of community resources to consumers through mutual peer support, education of the public regarding human and civil rights of the consumers, as well as societal responsibility for supporting those rights. In addition, Stepping Stone Drop-In Center Association provides assistance and support to consumers in their efforts to improve their own quality of life. Program support is derived primarily from fee for service contracts through the State of New Hampshire.

Basis of Accounting

The financial statements of the Association have been prepared on the accrual basis of accounting in accordance with generally accepted accounting standards and principles established by the Financial Accounting Standards Board (FASB).

Estimates

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

Basis of Presentation

The financial statements of the Association have been prepared in accordance with U.S. generally accepted accounting principles (US GAAP), which require the Association to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Association. These net assets may be used at the discretion of the Association's management and board of directors.

Net assets with donor restrictions – Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Association or by passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities.

Cash and Cash Equivalents

The Association considers all highly liquid investments with a maturity of three months or less to be cash equivalents.

Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year-end. Management closely monitors outstanding balances and writes off all balances deemed uncollectible. No allowance for doubtful accounts was considered necessary at June 30, 2019 and 2018.

Contributions Receivable

Contributions receivable, net of allowances for estimated uncollectible amounts, are recorded when there is sufficient evidence in the form of verifiable documentation that an unconditional promise was received. Management has determined that a discount for amounts to be received after one year is not material to record and the contributions are recorded at their initial promise amount.

Advertising

The Association expenses advertising costs as incurred.

Property and Depreciation

Property is stated at cost or fair value at date of donation. Material assets with a useful life in excess of one year are capitalized. Depreciation is computed using straight-line methods over the estimated lives of the related assets as follows:

Equipment	5 - 7 years
Buildings	39 years

Costs for repairs and maintenance are expensed when incurred and betterments are capitalized with authorization from the State of New Hampshire. Assets sold or otherwise disposed of are removed from the accounts, along with the related depreciation allowances, and any gain or loss is recognized.

Depreciation expense was \$25,670 and \$20,004 for the years ended June 30, 2019 and 2018, respectively.

Income Taxes

The Association is a nonprofit corporation exempt from income tax under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

Management has evaluated the Association's tax positions and concluded that the Association has maintained its tax-exempt status, does not have any significant unrelated business income and has taken no uncertain tax positions that require adjustment to the financial statements. With few exceptions, the Association is no longer subject to income tax examinations by the United States Federal or State tax authorities prior to 2015.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, costs have been allocated among the program services and supporting activities benefited. Occupancy costs have been grouped and allocated to the programs as a line item. Such allocations have been determined by management on an equitable basis.

The expenses that are allocated include the following:

<u>Expense</u>	<u>Method of allocation</u>
Salaries and benefits	Time and effort
Occupancy	Square footage
Depreciation	Direct assignment
All other expenses	Direct assignment

The costs of providing various programs and other activities have been summarized below.

	<u>2019</u>	<u>2018</u>
Program Services	\$ 496,098	\$ 447,567
Management and general	<u>33,771</u>	<u>23,636</u>
Total	<u>\$ 529,869</u>	<u>\$ 471,203</u>

Contributions

Donated materials and equipment are reflected as contributions in the accompanying financial statements at their estimated values at date of receipt. No amounts have been reflected in the statements for donated services, as no objective basis is available to measure the value of such services; however, a number of volunteers have donated time to the Association's program services. The Board of Directors serves in a volunteer capacity.

Reclassifications

Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

Subsequent Events

Events occurring after the statement of financial position date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through November 22, 2019 which is the date that the financial statements were available to be issued.

New Accounting Pronouncement

On August 18, 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) – *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Association has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to all periods presented.

NOTE 2

AVAILABILITY AND LIQUIDITY

The following represents the Association's financial assets as of June 30, 2019 and 2018:

Financial assets at year-end:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 117,386	\$ 111,004
Accounts receivable, net	7,449	3,694
Contributions receivable	<u>-</u>	<u>1,000</u>
Total financial assets	<u>\$ 124,835</u>	<u>\$ 115,698</u>
Less amounts not available to be used within one year:		
Net assets with donor restrictions	\$ 140	\$ 140
Cash and equivalents – designated	<u>42,639</u>	<u>64,615</u>
Amounts not available within one year	<u>42,779</u>	<u>64,755</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 82,056</u>	<u>\$ 50,943</u>

The Association's goal is generally to maintain financial assets to meet 60 days of operating expenses (approximately \$83,000).

NOTE 3

DESIGNATED CASH

Certain grant awards contain provisions requiring the Association to maintain separate cash accounts. Amounts deposited in these accounts are designated as to use and are not available for day to day operations. As of June 30, 2019 and 2018, designated cash aggregated \$42,639 and \$64,615, respectively.

NOTE 4**LONG-TERM DEBT**

Long-term debt consisted of the following as of June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Mortgage note payable to a bank in monthly installments of \$485 for principal and interest through June of 2033. Interest was stated at 6.625% and 6.375% at June 30, 2019 and 2018, respectively. The note is secured by certain real estate of the Association.	\$ 53,830	\$ 56,140
Mortgage payable to a bank in monthly installments of \$1,394 for principal and interest through May of 2031. Interest is stated at the five year treasury rate plus 1.5% (adjusted every three years) which resulted in an interest rate of 3.375% at June 30, 2019 and 2018. The note is secured by certain real estate of the Association.	<u>156,763</u>	<u>167,997</u>
	210,593	224,137
Less current portion due within one year	<u>(13,467)</u>	<u>(12,950)</u>
Total	<u>\$ 197,126</u>	<u>\$ 211,187</u>

The scheduled maturities of the notes payable at June 30, 2019 were as follows:

Year Ending	Amount
<u>June 30</u>	<u>Due</u>
2020	\$ 13,467
2021	14,006
2022	14,568
2023	15,156
2024	15,768
Thereafter	<u>137,628</u>
Total	<u>\$ 210,593</u>

NOTE 5**REFUNDABLE ADVANCES - DESIGNATED**

Under the terms of the service agreement with the Bureau of Mental Health Services (BMHS), a division of the State of New Hampshire's Department of Health and Human Services, the Association is required to segregate amounts received in excess of allowable expenses. As of June 30, 2019 and 2018, funds set aside in accordance with this requirement amounted to \$35,145 and \$51,066, respectively.

NOTE 6 **ECONOMIC DEPENDENCY**

Over 96% and 89% of the total support and revenue was derived from the New Hampshire Department of Health and Human Services for the years ended June 30, 2019 and 2018, respectively. The future existence of the Association is dependent upon the funding policies and continued support of this source. The loss of this funding could have a material adverse effect on the Association.

NOTE 7 **LEASE AGREEMENT**

The Association entered into a lease agreement in April of 2016. The tenant was to pay the Association \$1,200 per month with the lease expiring as of April 30, 2020. The Association received \$12,672 and \$11,603 in rental income for the years ended June 30, 2019 and 2018, respectively.

NOTE 8 **NET ASSETS**

Net assets with donor restrictions were as follows for the years ended June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Special Purpose Restrictions:		
Various donations	\$ <u>140</u>	\$ <u>140</u>
Total net assets with donor restrictions	\$ <u>140</u>	\$ <u>140</u>

NOTE 9 **CONTINGENCIES**

Grant Compliance

The Association receives funds under a state grant and from Federal sources. Under the terms of these agreements, the Association is required to use the funds within a certain period and for purposes specified by the governing laws and regulations. If expenditures were found not to have been made in compliance with the laws and regulations, the Association might be required to repay the funds.

No provisions have been made for these contingencies because specific amounts, if any, have not been determined or assessed by government audits as of June 30, 2019 and 2018.

STEPPING STONE DROP-IN CENTER ASSOCIATION

**SCHEDULE OF FUNCTIONAL REVENUE, SUPPORT AND EXPENSES
FOR THE YEAR ENDED JUNE 30, 2019
WITH PRIOR YEAR SUMMARIZED COMPARATIVE INFORMATION**

	<u>Stepping Stone</u>	<u>Next Step</u>	<u>Warm Line</u>	<u>Respite</u>	<u>Total BBH Funds</u>	<u>Other Non-BBH Programs</u>	<u>2019 Total</u>	<u>2018 Total</u>
REVENUE AND SUPPORT								
Grants	\$ 169,682	\$ 105,237	\$ 24,474	\$ 34,153	-\$ 333,546	\$ -	\$ 333,546	\$ 348,044
Third-party reimbursements	167,514	-	-	22,595	190,109	-	190,109	108,900
Rental income	-	-	-	-	-	12,672	12,672	11,603
Contributions	-	-	-	-	-	4,286	4,286	40,371
Other income	-	-	-	-	-	2,148	2,148	1,595
Total revenue and support	\$ 337,196	\$ 105,237	\$ 24,474	\$ 56,748	\$ 523,655	\$ 19,106	\$ 542,761	\$ 508,513
EXPENSES								
Salaries and wages	\$ 112,300	\$ 49,532	\$ 17,768	\$ 32,466	\$ 212,066	\$ -	\$ 212,066	\$ 205,435
Statewide training fees	122,874	-	-	-	122,874	-	122,874	102,177
Occupancy costs	17,875	5,764	-	131	23,770	6,901	30,671	24,447
Depreciation	15,024	10,149	-	-	25,173	497	25,670	20,004
Utilities	9,279	4,529	1,244	975	16,027	7,077	23,104	13,773
Employee benefits	12,291	5,171	437	1,614	19,513	-	19,513	26,614
Payroll taxes	9,637	4,280	1,385	2,495	17,797	-	17,797	17,556
Insurance	11,211	3,617	-	255	15,083	139	15,222	13,877
Strategic planning expense	14,175	-	-	-	14,175	-	14,175	-
Telephone	3,687	3,173	2,927	-	9,787	-	9,787	9,230
Audit and accounting fees	5,244	4,050	-	-	9,294	-	9,294	8,673
Interest expense	3,523	3,988	-	-	7,511	1,495	9,006	8,527
Client consumables	2,868	1,575	-	-	4,443	520	4,963	2,929
Travel	2,734	1,660	-	338	4,732	-	4,732	4,061
Staff development and training	1,484	250	-	2,863	4,597	-	4,597	1,518
Office supplies and expense	3,120	340	-	50	3,510	-	3,510	4,053
Legal fees	82	-	-	-	82	-	82	205
Other	1,662	-	-	144	1,806	1,000	2,806	8,124
Total expenses	\$ 349,070	\$ 98,078	\$ 23,761	\$ 41,331	\$ 512,240	\$ 17,629	\$ 529,869	\$ 471,203

STEPPING STONE DROP-IN CENTER ASSOCIATION
BUREAU OF MENTAL HEALTH SERVICES (BMHS)
REFUNDABLE ADVANCE - DESIGNATED and SURPLUS
FOR THE YEAR ENDED JUNE 30, 2019

Reconciliation of BMHS Refundable Advance

Total FY 2019 BMHS funds received	\$ 344,288
Accounts receivable - BMHS	4,781
Carried over from prior years	13,549
Recognition of funds released by BMHS	<u>167,514</u>
Total funds received	<u>530,132</u>
Less: BMHS expenses	<u>(512,240)</u>
Total approved expenses	<u>(512,240)</u>
Less: Approved BMHS Expenses	
Mortgage principle reduction - Claremont at 100%	(2,310)
Mortgage principle reduction - Lebanon at 72%	<u>(8,088)</u>
Total approved expenses	<u>(10,398)</u>
BMHS Surplus at June 30, 2019	7,494
Refundable advance balance at June 30, 2018	51,066
Refundable advance used in FY 2019	<u>(15,921)</u>
BMHS surplus and refundable advance balance at June 30, 2019	42,639
Less: crises respite advance	<u>(954)</u>
BMHS surplus and refundable advance (designated) at June 30, 2019	41,685
Less: refundable advance (designated) at June 30, 2019	<u>(35,145)</u>
BMHS operating advance	6,540
Add: crises respite advance	<u>954</u>
Refundable advance at June 30, 2019	<u>\$ 7,494</u>

The Stepping Stone Drop-in Center Association

BOARD OF DIRECTORS

May 20, 2020

PRESIDENT

Lori Brown Yanklowitz

Joined on: 3/2014

Term #: 2

Term length: 3 yrs

Expiration: 2020

VICE PRESIDENT

Marilyn Marinelli

Joined on: 7/2014

Term #: 2

Term length: 3 yrs

Expiration: 2020

SECRETARY

Gretchen Stokes

Joined on: 5/2017

Term #: 1

Term length: 3 yrs

Expiration: 2020

TREASURER

Paul Marinelli

Joined on: 2/2015

Term #: 2

Term length: 3 yrs

Expiration: 2021

Nancy Beaudoin

Joined on: 9/2016

Term #: 2

Term length: 3 yrs

Expiration: 2022

Laura Byrne

Joined on: 3/2015

Term #: 2

Term length: 3 yrs

Expiration: 2021

Laurie Cummings-Bowen

Joined on: 5/2016

Term #: 2

Term length: 3 yrs

Expiration: 2022

Colleen Fisk

Joined on: 8/2011

Term #: 3

Term length: 3 yrs

Expiration: 2020

Debra Jayne

Joined on: 11/2019

Term #: 1

Term length: 3 yrs

Expiration: 2022

Jeff White

Joined on: 5/2018

Term #: 1

Term length: 3 yrs

Expiration: 2021

Susan E. Seidler

Objective	To be a member of an organization with a firm commitment to its mission and which aligns with my commitment to intentional peer support, diversity, exceptional work quality, teamwork, personal growth and development, and new ideas.		
Skills	<p>I have extensive experience in management, including over 30 years of supervisory experience. My organizational strengths include systems thinking, project management, communication, organization, initiative, attention to detail, multi-tasking, discretion, problem-solving, troubleshooting, creativity, sense of humor, and teamwork.</p> <p>I am proficient in Mac- and PC-based operating systems and software programs.</p>		
Experience	10/2018-Present	Region 1 IDN Executive Committee	
	12/2006-Present	The Stepping Stone Drop-In Center Association (aka Stepping Stone)	Claremont, NH
		<p><i>1/2014-Present: Executive Director</i></p> <ul style="list-style-type: none"> • Provide overall management of the organization, including program development, resource allocation, and business operations. • Establish clear goals and direction for the organization. • Inspire and lead a diverse team of professionals as well as the Management Team. • Advise and inform the Board of Directors. • Champion the organization's vision, goals, and values. • Promote the principles and values of Intentional Peer Support, WRAP®, and Peer Respite internally and within the greater community. • Coordinate logistics and payment for statewide peer support training. <p><i>2/2007-1/2014: Site & Program Supports Coordinator</i></p> <ul style="list-style-type: none"> • Oversaw the Stepping Stone site and all aspects of program supports. • Practiced and modeled peer support. • Participated as member of the Management Team. • Supervised staff. • Maintained accurate and reliable program statistics for BBH contract compliance, Board of Director reports, and Food Bank requirements; submitted same according to established timelines. • Co-facilitated monthly staff meetings. • Maintained Intentional Peer Support certification and attended trainings as required and recommended. • Produced monthly newsletter and oversaw distribution. • Participated as member of Fundraising Committee and PR sub-committee. • Worked with the Executive Director on RFP, budgeting, audit, and contracts. • Oversaw business office and human resources functions, including payroll, earned time records, and staff schedule. <p><i>12/2006-2/2007: Interim Executive Director</i></p>	
	6/2005-12/2006	Kendal at Hanover	Hanover, NH
		<p><i>Health Services Administrative Assistant</i></p> <ul style="list-style-type: none"> • Provided direct support to the Director of Resident Health Care Services and the Director of Nursing; administrative support to the Health Services Management Team and nursing staff. • Coordinated and scheduled staff development activities and training for the Health Services department, including maintenance of HealthStream database of credit hours. • Provided help-desk and in-depth training in computer software. • Participated on the Pharmacy Committee, which included analysis of medication use within Kendal's resident contracts and selection of Medicare D provider. 	

Susan E. Seidler

Experience continued 1983-6/2005 United Developmental Services Lebanon, NH

1987-2005: Administrative Assistant for Operations

- Supervised administrative support staff.
- Provided direct support to the Chief Operating Officer/Chief Financial Officer.
- Developed and coordinated efficient and effective office procedures.
- Prepared and disseminated annual budget and funding proposals within established deadlines; prepared *ad hoc* statistical reports; performed data entry and quality control for various State-mandated reports; performed miscellaneous accounting duties; signed company checks.
- Developed and reviewed internal systems to prepare for yearly State inspections of over 30 residences; refined infrastructure according to changes in State and Federal standards.
- Maintained telephone and voice messaging systems with regard to orientation, training, and programming in accordance with staff preference and company policy.

Ad hoc Responsibilities: member of UDS committees on Recruitment, Compensation, Downsizing, Criminal Justice, and Workplace Violence; member of State of NH DHHS committee to revise State certification requirements and evaluation tools; officer on UDS's HIPAA committee.

1996-2005: Network Administrator (concurrently with AA for Operations)

- Provided support across multiple sites in the administration and maintenance of a Windows-based network for 50+ users in accordance with user preference and company protocols.
- Provided help-desk and in-depth training in all aspects of computer hardware and software.
- Developed and maintained data systems to track and graph program utilization and contract compliance.
- Participated in monthly meetings of the NH Bureau of Developmental Services Shared IT Group.

1983-1987: Secretary, Early Intervention Program

Volunteerism NH Notary Public
NH Peer Voice – Treasurer, Board of Directors
Stepping Stone – Treasurer, Board of Directors until 12/2006

Education Certified in Intentional Peer Support – Shery Mead Consultants (aka Intentional Peer Support, LLC)
WRAP® Overview – The Copeland Center
Warmline and Peer Respite – NH State Trainers certified by Intentional Peer Support, LLC
NH Grants Institute – NH Center for Nonprofits
Complaint Investigation – NH Division of Mental Health & Developmental Services
Granite State College (University System of NH)
AA, General Studies, Concentration in Business Management, Organizational Development, and Finance
Additional coursework in database development, network management, and accounting

References References are available on request.

Tiffany R. DeGraff

Education

ASSOCIATES DEGREE | 2011 | RIVER VALLEY COMMUNITY COLLEGE

- Associates Degree in Business Management

ASSOCIATES DEGREE | 2009 | RIVER VALLEY COMMUNITY COLLEGE

- Associates Degree in Science of Accounting

CERTIFICATE PROGRAM | 2005 | NEW HAMPSHIRE COMMUNITY TECHNICAL COLLEGE

- Accounting Certificate

Skills & Abilities

MANAGEMENT

- 10 years of teaching at the community college has given me a handle of managing people and working with others to get things done.
- My years at Stepping Stone have prepared me to work with people to accomplish a desired outcome, both for the person and for the agency.
- Working at many places in a team environment has given me the skills to work well with others and also keep in mind deadlines and what is required of people to get things finished.
- In both my Accounting Program and my Management Program I took, and excelled in, several classes including Human Resources and General Management.

BOOKEEPING

I have learned, and continue to learn, the skills needed to keep proper books as required by the State of New Hampshire and a Non Profit Agency. The skills needed for this particular type of accounting have been a challenge as they are different from the basic For Profit Accounting that is taught in an Associates Program of Accounting

JOB TRAINING

- In 5 years at Stepping Stone I have completed many of the core classes and taken many classes to acquire the skills needed to work in the mental health field.
 - Member Rights Training 2018
 - Sexual Harassment Training 2018
 - 2 day WRAP Seminar 2018
 - 5 day Intention Peer Support Training 2018
 - New Hampshire Peer Support Conference 2018
 - Warmline 101 Training 2019
 - 5 day WRAP Seminar II 2019

Experience

BOOKKEEPER | STEPPING STONE | JANUARY 2014 - TO PRESENT

- As the full-charge bookkeeper I am in charge, and comfortable, with all areas of payroll and producing required financial reports. I have used and continue to use many versions of Quickbooks and am comfortable using Quickbooks for all areas of daily bookkeeping.

ACCOUNTANT | POLISH AMERICAN CITIZENS CLUB | JULY 2014 - TO PRESENT

- At the Polish Club, I am the payroll manager, general bookkeeper including all preparations of taxes and interface with the CPA

TEACHER | RIVER VALLEY COMMUNITY COLLEGE | JANUARY 2011 - TO MAY 2017

- I taught in the Continuing education department for several years, Quickbooks for the beginner and Quickbooks for the workplace.
- I also taught credit classes in the accounting and business management departments as an adjunct professor.

ACCOUNTANT | ESERSKYS HARDWARE | JUNE 2004 - MAY 2011

- I was the full charge bookkeeper at Eserskys, I handled payroll, payroll taxes, worked with our tax accountant for end-of-year reports, mailed out monthly statements, maintained a data base of customers, did annual mailings and kept inventory up to date.

Shanon Pyatt

Experience

Support Coordinator, Stepping Stone/Next Step Peer Support Agency

8/14-Current

Produce Newsletter, staff schedule, Signup sheets, Plan Educational Events as well as trips /events, screen requests for Respite as well as update files as needed, make weekly timesheets, produce a payroll summary for the bookkeeper, gather data for quarterly statistics and perform other duties as assigned.

I have my certification in IPS (2012); Completion of Administration training (2012); Attended WRAP® 101 (2012); WRAP® Overview (2013); IPS Refresher (2015, 2016, and 2018); Sexual Harassment training (2018); Members Rights training (2018); Excel Advanced training (2018).

Assistant Coordinator, Stepping Stone/ Next Step Peer Support Agency

10/10-8/14

Statistics involving Daily calls, Number of daily membership, all calls through Warmline, Filing, Crisis Respite, Promoting Wellness and perform other duties as assigned.

Floor, Warmline & Crisis Respite worker, Stepping Stone/Next Step Peer Support Agency

5/09-10/10

Check in with members, Make & take phone calls, 1 on 1 Peer Support.

Durgin & Crowell Lumber Mill

5/05-2/06

Cleaned Machines

Ruggerio's

1/04-3/05

Head cook and prep work. Team player.

Payless Asphalt

6/02-11/03

Worked with Asphalt & gravel in residential areas

Education

1997 Belmont High School, Belmont NH.

1991 Beech Street Elementary School, Manchester NH.

References upon request

KIMBERLY J. METCALFE

EXPERIENCE

10/2019-Present	Peer Respite Coordinator, The Stepping Stone Drop-In Center Assn, Claremont NH
1/2017-10/2019	Volunteer, Baby Steps Family Assistance, Claremont NH
8/2012-1/2018	Peer Support Staff, The Stepping Stone Drop-In Center Assn, Claremont NH
2014	Administrative Assistant, The Stepping Stone Drop-In Center Assn, Claremont NH
2002-2003	Director, Community Alliance Day Care
2000	Director, Springfield Health and Rehab, Springfield

EDUCATION

1988	Mt. Anthony Union High School, Bennington, VT College Prep
1994	North Adams State College, North Adams, MA B.S., Elementary Education
	Keene State College, Keene NH Grant Writing

REFERENCES UPON REQUEST

The Stepping Stone Drop-In Center Association

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Susan E Seidler	Executive Director	\$47,840	100%	\$47,840
Tiffany DeGraff	Finance & Operations Mgr	\$37,440	100%	\$37,440
Shanon Pyatt	Support Coordinator	\$29,120	100%	\$29,120
Kimberly Metcalfe	Respite Coordinator	\$15,600	100%	\$15,600

**New Hampshire Department of Health and Human Services
Peer Support Services**



**State of New Hampshire
Department of Health and Human Services
Amendment #3 to the Peer Support Services Contract**

This 3rd Amendment to the Peer Support Services contract (hereinafter referred to as "Amendment #3") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Tri-City Consumer's Action Co-operative, (hereinafter referred to as "the Contractor"), a nonprofit corporation with a place of business at 55 Summer Street, Rochester, NH 03867.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2016, (Item #23), as amended on June 20, 2018, (Item #33B), and on June 19, 2019, (Item #28), 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 or terms and conditions of the contract; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18 and Exhibit C-1, Revisions to General provisions, Paragraph 3, the Contract may be amended and extended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, and increase the price limitation to support continued delivery of these services; and

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 1.7., Completion Date to read:
June 30, 2022.
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$1,138,405.
3. Modify Exhibit A – Amendment #2, Scope of Services, Section 1., Subsection 1.5., to read:
1.5. RESERVED.
4. Modify Exhibit A – Amendment #2, Scope of Services, Section 3., Subsection 3.1. Peer Support Services, Paragraph 3.1.1., Subparagraph 3.1.1.2. to read:
 - 3.1.1.2. Maintaining a safe physical location that:
 - 3.1.1.2.1. Is open a minimum total of forty-four (44) hours per week, eight (8) hours per day, five days per week and four (4) hours on one (1) additional day per week at each location; and
 - 3.1.1.2.2. Provides face-to-face or telephone peer support services to peer support agency members or others who contact the peer support agency at a minimum of forty (40) hours per week at each location.
5. Modify Exhibit A – Amendment #2, Scope of Services, Section 11. Reporting, Subsection 11.3., to read:
 - 11.3. The Contractor shall provide to the Department by the fifteenth (15th) of the month following the end of each quarter, the prior quarter's Board of Director meeting minutes, with all attachments, including, but not limited to, the Executive Director's report and Board of

**New Hampshire Department of Health and Human Services
Peer Support Services**



Directors' Roster.

6. Modify Exhibit A – Amendment #2, Scope of Services, Section 11. Reporting, Subsection 11.5., to read:

11.5. The Contractor shall submit a quarterly written report to the Department, on a form supplied by the Department, no later than the fifteenth (15th) of the month following the quarter regarding:

11.5.1. Community outreach activities as outlined in Section 12., Deliverables, Subsection 12.3.

11.5.2. Compilation of program evaluation and surveys submitted in the past quarter.

11.5.3. Quarterly peer support service deliverables as identified on templates provided by the Department.

11.5.4. Quarterly statistical data including, but not limited to:

11.5.4.1. The total number of unduplicated participants served on a daily basis.

11.5.4.2. The total number of current members, defined as only those members who have been served within the past year.

11.5.4.3. Program utilization totals by percentage.

11.5.4.4. Number of telephone peer support contacts.

11.5.4.5. Number and description of outreach activities.

11.5.4.6. Number and description of educational events provided:

11.5.4.6.1. On-site; and

11.5.4.6.2. In the community.

7. Add Exhibit A – Amendment #2, Scope of Services, Section 12. Deliverables, Subsection 12.1., Paragraph 12.1.6., to read:

12.1.6. Five (5) of these hours may be conducted in the center's community or region as approved through the Department.

8. Add Exhibit A – Amendment #2, Scope of Services, Section 13. Quality Improvement, Subsection 13.5., to read:

13.5. The Contractor shall provide all requested audits within ten (10) days of the request by the Department.

9. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 5., to read:

5. Subsequent to the action in Section 4., the Department shall make monthly payments to the Contractor based upon cost reimbursement, as submitted by the Contractor to maintain services and as approved by the Department, of the Department approved budget amounts in Exhibit B-1 Budget Form through Exhibit B-6 Amendment #3 SFY 2022 Budget.

5.1. In no event shall the total of the initial payment in Section 4. and monthly payments in Section 5. exceed the budget amounts set forth in Section 5.

5.2. The Department will adjust monthly payments for expenditures set forth in Section 9., below and amounts paid to initiate services in Section 4., above.

5.2. Expenditures shall be in accordance with the budgets identified in Section 5., as

**New Hampshire Department of Health and Human Services
Peer Support Services**



approved by the Department.

- 5.3. Allowable costs and expenses shall be determined by the Department, in accordance with applicable state and federal laws and regulations.
10. Modify Exhibit B, Amendment #2, Methods and Conditions Precedent to Payment, Section 6., to read:
- 11.6. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
12. Modify Exhibit B-4 by deleting its content in its entirety and replacing it with Exhibit B-4 Amendment #3, SFY 2020 Budget, which is attached hereto and incorporated by reference herein.
13. Add Exhibit B-5 – Amendment #3, SFY 2021 Budget, which is attached hereto and incorporated by reference herein.
14. Add Exhibit B-6 – Amendment #3, SFY 2022 Budget, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services
Peer Support Services



All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #3 remain in full force and effect. This amendment shall be effective upon the date of Governor and Executive Council approval.

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

State of New Hampshire
Department of Health and Human Services

Date

6/1/2020

Name: Katja A. Fox
Title: Director

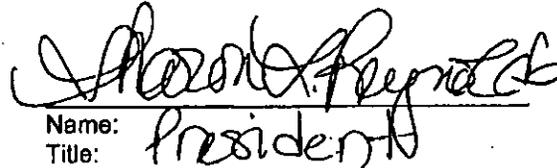


Tri-City Consumer's Action Co-operative

Date

5/29/20

Name:
Title:


President

**New Hampshire Department of Health and Human Services
Peer Support Services**



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

OFFICE OF THE ATTORNEY GENERAL

6/3/20

Date

1st/Christen Lavers

Name:

Title: Assistant Attorney General

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

Exhibit B-4 - Amendment #3

SFY 2020 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: Tri-City Consumer's Action Co-operative		
Budget Request for: Peer Support Services		
Budget Period: SFY201 (7/1/19 through 6/30/20)		
Item Budget Reference Number	Item Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	101,840
602	Employee Benefit	17,840
603	Payroll taxes	8,402
	Subtotal	128,082
620	PROFESSIONAL FEES	
624	Accounting	
625	Audit Fees	6,625
628	Legal Fees	
627	Other Professional Fees and Consultants	
	Subtotal	5,625
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	
632	In-Service Training	3,000
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	3,000
640	OCCUPANCY COSTS	
641	Rent	
642	Mortgage Payments	16,943
643	Heating Costs	7,143
644	Other Utilities	12,000
645	Maintenance and Repairs	
646	Taxes	
647	Other Occupancy Costs	
	Subtotal	36,086
650	CONSUMABLE SUPPLIES	
651	Office	2,531
652	Building/Household	3,181
653	Rehabilitation/Training	
655	Food	
657	Other Consumable Supplies	
	Subtotal	5,712
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	
670	EQUIPMENT RENTAL	2,400
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	400
710	PRINTING	
720	TELEPHONE/COMMUNICATIONS	4,000
730	POSTAGE/SHIPPING	400
	Subtotal	7,200
740	TRANSPORTATION	
741	Board Members	
742	Staff	60
743	Members and Participants	3,500
	Subtotal	3,550
750	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
780	INSURANCE	
761	Malpractice & Bonding	1,251
762	Vehicles	1,838
763	Comprehensive Property & Liability	6,084
800	OTHER EXPENDITURES	300
801	INTEREST EXPENSE	300
	Subtotal	9,773
	TOTAL PROGRAM EXPENSES	\$199,028.00

Exhibit B-5 - Amendment #3

SFY 2021 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: <u>Tri-City Consumer's Action Co-operative</u>		
Budget Request for: <u>Peer Support Services</u>		
Budget Period: <u>SFY21 (7/1/20 through 6/30/21)</u>		
Original Budget Reference Number	Original Budget Description	Total Amount
600	PERSONNEL COSTS	
601	Salary & Wages	109,829
602	Employee Benefit	17,840
603	Payroll taxes	8,402
	Subtotal	136,071
620	PROFESSIONAL FEES	
624	Accounting	
625	Audit Fees	5,125
626	Legal Fees	
627	Other Professional Fees and Consultants	
	Subtotal	5,125
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	
632	In-Service Training	3,000
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	3,000
640	OCCUPANCY COSTS	
641	Rent	
642	Mortgage Payments	18,943
643	Heating Costs	7,143
644	Other Utilities	6,709
645	Maintenance and Repairs	
646	Taxes	
647	Other Occupancy Costs	
	Subtotal	30,795
650	CONSUMABLE SUPPLIES	
651	Office	1,100
652	Building/Household	1,250
653	Rehabilitation/Training	
655	Food	
657	Other Consumable Supplies	
	Subtotal	2,350
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	
670	EQUIPMENT RENTAL	2,400
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	
710	PRINTING	
720	TELEPHONE/COMMUNICATIONS	2,600
730	POSTAGE/SHIPPING	400
	Subtotal	5,300
740	TRANSPORTATION	
741	Board Members	
742	Staff	50
743	Members and Participants	3,500
	Subtotal	3,550
750	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
760	INSURANCE	
761	Malpractice & Bonding	1,251
762	Vehicles	1,838
763	Comprehensive Property & Liability	3,498
800	OTHER EXPENDITURES	
801	INTEREST EXPENSE	
	Subtotal	
	TOTAL PROGRAM EXPENSES	\$192,778

Exhibit B-6 - Amendment #3

SFY 2022 Budget		
New Hampshire Department of Health and Human Services		
Contractor Name: Tri-City Consumer's Action Co-operative		
Budget Request for: Peer Support Services		
Budget Period: SFY22 (7/1/21 through 6/30/22)		
Budget Item Reference Number	Budget Description	Amount
600	PERSONNEL COSTS	
601	Salary & Wages	109,829
602	Employee Benefit	17,840
603	Payroll taxes	8,402
	Subtotal	136,071
620	PROFESSIONAL FEES	
624	Accounting	
625	Audit Fees	5,125
626	Legal Fees	
627	Other Professional Fees and Consultants	
	Subtotal	5,125
630	STAFF DEVELOPMENT AND TRAINING	
631	Publications and Journals	
632	In-Service Training	3,000
633	Conferences and Conventions	
634	Other Staff Development	
	Subtotal	3,000
640	OCCUPANCY COSTS	
641	Rent	
642	Mortgage Payments	16,943
643	Heating Costs	7,143
644	Other Utilities	6,709
645	Maintenance and Repairs	
646	Taxes	
647	Other Occupancy Costs	
	Subtotal	30,795
650	CONSUMABLE SUPPLIES	
651	Office	1,100
652	Building/Household	1,250
653	Rehabilitation/Training	
655	Food	
657	Other Consumable Supplies	
	Subtotal	2,350
	Other Expenses	
660	CAPITAL EXPENDITURES	
665	DEPRECIATION	
670	EQUIPMENT RENTAL	2,400
680	EQUIPMENT MAINTENANCE	
700	ADVERTISING	
710	PRINTING	
720	TELEPHONE/COMMUNICATIONS	2,500
730	POSTAGE/SHIPPING	400
	Subtotal	5,300
740	TRANSPORTATION	
741	Board Members	
742	Staff	50
743	Members and Participants	3,500
	Subtotal	3,550
750	Assistance to Individuals	
751	Client Services	
752	Clothing	
	Subtotal	
760	INSURANCE	
761	Malpractice & Bonding	1,251
762	Vehicles	1,838
763	Comprehensive Property & Liability	3,498
800	OTHER EXPENDITURES	
801	INTEREST EXPENSE	
	Subtotal	
	TOTAL PROGRAM EXPENSES	\$192,778

State of New Hampshire

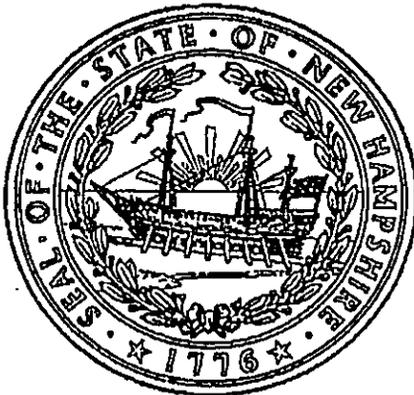
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that TRI-CITY CONSUMERS' ACTION CO-OPERATIVE is a New Hampshire Consumer Cooperative registered to transact business in New Hampshire on December 30, 1994. 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: 222319

Certificate Number: 0004792567



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 30th day of January A.D. 2020.

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

William M. Gardner
Secretary of State

CERTIFICATE OF AUTHORITY

I, Diana Bastian _____, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Tri-City Consumers' Action Co-Operative _____
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on May 28 _____, 2020 _____, at which a quorum of the Directors/shareholders were present and voting.

(Date)

VOTED: That Sharon L. Reynolds, President, Board of Directors (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Tri-City Consumers' Acton Co-Operative to enter into contracts or agreements with the State

(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30) days** from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 5/29/2020

Diana Bastian
Signature of Elected Officer
Name: Diana Bastian
Title: Treasurer



TRI-CON-01

GGAGANON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/28/2020

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 Bernier Insurance Inc. 32 Wakefield St Rochester, NH 03867	CONTACT NAME: PHONE (A/C, No, Ext): (603) 335-2345	FAX (A/C, No): (603) 994-4663
	E-MAIL ADDRESS: info@bernierins.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Philadelphia Insurance Company		
INSURER B: AmTrust		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

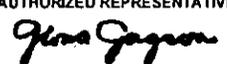
Tri-City Consumers' Action Co-Operative
 55 Summer Street
 Rochester, NH 03867

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:			PHPK2018961	8/2/2019	8/2/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMPOP AGG	\$ 3,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2018958	8/2/2019	8/2/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WWC3423055	7/6/2019	7/6/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.I. EACH ACCIDENT	\$ 500,000
							E.I. DISEASE - EA EMPLOYEE	\$ 500,000
							E.I. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Non-Profit Organization - Human Services

CERTIFICATE HOLDER State of New Hampshire Department of Health & Human Services 129 Pleasant Street Concord, NH 03301-3852	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--



**Tri-City Consumers' Action Co-Operative
(Tri-City Co-Op)
55 Summer Street
Rochester NH 03867**

Mission Statement

A Peer Support Agency dedicated to providing an alternative, non-medical approach to wellness and recovery. We offer a non-judgmental, non-critical, safe, supportive and educational environment for individuals struggling and recovering with a variety of mental health issues. Staff and members share leadership and decision making. This agency is a place where people practice relational skills, patience, respect and tolerance for diversity. Members learn to see themselves as citizens of the greater community.

TRI-CITY CONSUMERS' ACTION CO-OPERATIVE
FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
Years Ended June 30, 2019 and 2018

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ROWLEY & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

46 N. STATE STREET

CONCORD, NEW HAMPSHIRE 03301

MEMBER TELEPHONE (603) 228-5400

FAX # (603) 226-3532

MEMBER OF THE PRIVATE

COMPANIES PRACTICE SECTION

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON THE FINANCIAL STATEMENTS

To the Board of Directors
Tri-City Consumers' Action Co-Operative
Rochester, New Hampshire

We have audited the accompanying financial statements Tri-City Consumers' Action Co-operative (a New Hampshire nonprofit corporation), which comprises the statements of financial position as of June 30, 2019 and 2018 and the related statements of activities and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Tri-City Consumers' Action Co-Operative as of June 30, 2019 and 2018 and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis-of-matter Regarding Going Concern

The accompanying financial statements have been prepared assuming that the Organization will continue as a going concern. As discussed in Note 10 to the financial statements, the Organization's current liabilities exceeded current assets. These conditions raise substantial doubt about its ability to continue as a going concern. Management's plans regarding those matters also are described in Note 10. The financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to that matter.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information on page 12 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Rowley & Associates, PC

Rowley & Associates, P.C.
Concord, New Hampshire
August 16, 2019

TRI-CITY CONSUMERS' ACTION CO-OPERATIVE
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2019 AND JUNE 30, 2018
See Independent Auditors' Report

ASSETS	<u>2019</u>	<u>2018</u>
CURRENT ASSETS		
Cash and cash equivalents		
Operating	\$ -	\$ 4,765
BMHS refundable	22,590	18,221
Total cash and cash equivalents	<u>22,590</u>	<u>22,986</u>
Prepaid expenses	2,212	2,507
Total Current Assets	<u>24,802</u>	<u>25,493</u>
PROPERTY AND EQUIPMENT, at cost		
Land	66,700	66,700
Building	257,710	223,300
Vehicles	53,946	42,500
Furniture and fixtures	11,829	18,116
Total property & equipment	<u>390,185</u>	<u>350,616</u>
Less accumulated depreciation	54,452	63,258
	<u>335,733</u>	<u>287,358</u>
Total Assets	<u>360,535</u>	<u>312,851</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	5,192	2,319
Accrued expenses	10,290	8,410
Mortgage payable, current portion	6,134	5,836
Refundable BMH advance	24,212	18,221
Total Current Liabilities	<u>45,828</u>	<u>34,786</u>
LONG TERM LIABILITIES		
Mortgage payable, less current portion	213,646	219,726
Note payable - State of NH BMH	25,000	25,000
	<u>238,646</u>	<u>244,726</u>
NET ASSETS		
Without Donor Restriction	76,061	33,339
With Donor Restriction	-	-
Total Net Assets	<u>76,061</u>	<u>33,339</u>
Total Liabilities and Net Assets	<u>\$ 360,535</u>	<u>\$ 312,851</u>

Notes to Financial Statements

**TRI-CITY CONSUMERS' ACTION CO-OPERATIVE
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
YEARS ENDED JUNE 30, 2019 AND 2018**

See Independent Auditors' Report

	<u>2019</u>	<u>2018</u>
REVENUES, GAINS AND OTHER SUPPORT		
Grant income	\$ 243,584	\$ 184,466
Donations	5,988	2,918
Rent Income	2,200	-
Insurance claim	8,217	-
Loss on disposal of fixed assets	-	814
Interest income	9	-
Total support and revenue	<u>259,998</u>	<u>188,198</u>
PROGRAM EXPENSES		
Wages	\$ 95,742	\$ 87,779
Payroll taxes	7,305	6,811
Employee benefits	6,715	7,508
Retirement plan expense	1,700	1,700
Office supplies	3,351	2,094
Building supplies	6,083	2,700
Food and other consumable supplies	1,089	668
Telephone and internet	4,206	3,672
Utilities	25,056	20,227
Insurance	9,785	9,811
Repairs and maintenance	17,105	4,641
Audit fees	5,480	5,480
Transportation and travel	4,196	6,772
Member training	2,191	5,229
Depreciation	11,598	10,791
Postage	893	816
Equipment rental	2,400	2,610
Interest expense	11,162	11,554
Miscellaneous	1,219	1,435
Total program expenses	<u>217,276</u>	<u>192,298</u>
Increase (decrease) in net assets	42,722	(4,100)
Net assets, beginning of year	<u>33,339</u>	<u>37,439</u>
Net assets, end of year	<u>\$ 76,061</u>	<u>\$ 33,339</u>

Notes to Financial Statements

TRI-CITY CONSUMERS' ACTION CO-OPERATIVE
STATEMENTS OF CASH FLOWS
YEARS ENDED JUNE 30, 2019 AND 2018
See Independent Auditors' Report

	<u>2019</u>	<u>2018</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Increase (decrease) in net assets, current year	\$ 42,722	\$ (4,100)
Adjustments to reconcile excess of revenue and support over expenses to net assets provided by operating activities		
Depreciation	11,598	10,791
(Increase) decrease in operating assets:		
Accounts receivable	-	60
Prepaid expenses	295	2,406
Increase (decrease) in operating liabilities:		
Accounts payable	2,872	(486)
Accrued expenses	1,880	435
Refundable BMH advance	5,991	71
Net cash provided by operating activities	<u>65,358</u>	<u>9,177</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Cash paid for purchase of property and equipment	<u>(59,972)</u>	<u>-</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Net payments on mortgage payable	<u>(5,782)</u>	<u>(5,389)</u>
Net cash (used) by financing activities	<u>(5,782)</u>	<u>(5,389)</u>
Net increase (decrease) in cash and cash equivalents	(396)	3,788
Cash and cash equivalents, Beginning of Year	<u>22,986</u>	<u>19,198</u>
Cash and cash equivalents, End of Year	<u>\$ 22,590</u>	<u>\$ 22,986</u>
SUPPLEMENTAL SCHEDULE OF CASH FLOW INFORMATION		
Cash paid for interest	<u>\$ 11,807</u>	<u>\$ 11,554</u>

Notes to Financial Statements

TRI-CITY CONSUMERS' ACTION CO-OPERATIVE
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 1 NATURE OF ORGANIZATION

Tri-City Consumers' Action Co-Operative (the Co-op) is a nonprofit organization incorporated under the laws of the State of New Hampshire on December 30, 1994. The Co-op's purpose is to provide a peer support center for its members. Members include persons with professional or self-diagnosed mental illness issues. The goals of the Co-op are to enhance a path to recovery, independence and personal wellness by reducing crises due to symptoms of mental wellness issues. The center's focus is on teaching members mental wellness management skills.

The Co-op provides daily workshops in wellness management, individual peer assistance, telephone support, transportation, monthly newsletter and educational events designed to help members increase their mental wellness.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

The summary of significant accounting policies of the Co-op is presented to assist in understanding the organization's financial statements. The financial statements and notes are representations of the Co-op's management who is responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles and have been consistently applied in the preparation of the financial statements.

Basis of Accounting

The financial statements of Co-op have been prepared on the accrual basis of accounting whereby revenues are recorded when earned and expenses are recorded when the obligation is incurred. The organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without Donor Restrictions - These net assets generally result from revenues generated by receiving contributions that have no donor restrictions, providing services, and receiving interest from operating investments, less expenses incurred in providing program-related services raising contributions, and performing administrative functions.

Net assets with Donor Restrictions - These net assets result from gifts of cash and other assets that are received with donor stipulations that limit the use of the donated assets, either temporarily or permanently, until the donor restriction expires, that is until the stipulated time restriction ends or the purpose of the restriction is accomplished, the net assets are restricted.

Support and revenue

The Co-op receives 94% of its income from the State of New Hampshire Department of Health and Human Services, Bureau of Behavioral Health in the form of grants. The remainder of its income is derived from donations, members and interest on saving accounts.

TRI-CITY CONSUMERS' ACTION CO-OPERATIVE
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment

Property and equipment are recorded at cost of purchase or, if contributed, at fair market value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulation, contributions of property and equipment are recorded as unrestricted support. Depreciation is computed on the Modified Accelerated Cost Recovery System (MACRS) and on the straight-line basis over the useful lives of the assets as listed below. Depreciation expense was \$11,598 and \$10,791 for the years ended June 30, 2019 and 2018, respectively. Expenditures for repairs and maintenance are expensed when incurred.

Buildings & Improvements	15-39 Years
Furniture & Fixtures	7 Years
Office Equipment	5-7 Years
Vehicles	5 Years

Functional allocation of items

The costs of providing various program, management and rental services have been summarized in the statement of activities. Accordingly, certain costs have been allocated among the programs.

Accounts Receivable

Accounts receivable are comprised of amounts due from customers for services provided. The Co-op considers accounts receivable to be fully collectible; accordingly, no allowance for doubtful accounts has been established. If accounts become uncollectible, they will be charged to operations when that determination is made. Collections on accounts previously written off are included in revenue as received.

Use of estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

In-Kind Contributions

In-kind contributions are recorded at fair market value and recognized as revenue in the accounting period in which they are received. Volunteers, mainly board members, donate time to the Co-op's program services. These services are not included in donated materials and services because the value has not been determined.

TRI-CITY CONSUMERS' ACTION CO-OPERATIVE
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Donated Materials and Services

It is the intent of the Co-op to record the value of donated goods and services when there is an objective basis available to measure their value. For the years ended June 30, 2019 and 2018, there were no donated goods or services.

Income taxes

The Organization has been notified by the Internal Revenue Service that it is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. The Organization is further classified as an organization that is not a private foundation under Section 509(a)(3) of the Code. The most significant tax positions of the Organization are its assertion that it is exempt from income taxes and its determination of whether any amounts are subject to unrelated business tax (UBIT). The Organization follows guidance of Accounting Standards Codification (ASC) 740, Accounting for Income Taxes, related to uncertain income taxes, which prescribes a threshold of more likely than not for recognition of tax positions taken or expected to be taken in a tax return. All significant tax positions have been considered by management. It has been determined that it is more likely than not that all tax positions would be sustained upon examination by taxing authorities. Accordingly, no provision for income taxes has been recorded.

Financial Instruments

The carrying value of cash and cash equivalents, prepaid expenses, accounts payable and accrued expenses are stated at carrying cost at June 30, 2019 and 2018, which approximates fair value due to the relatively short maturity of these instruments.

Concentration of Risk

The Organization maintains cash balances in several accounts at local banks. These accounts are insured by the Federal Deposit Insurance Corporation up to \$250,000. At various times throughout the year, the Organization may have cash balances at the financial institution that exceeds the insured amount. Management does not believe this concentration of cash results in a high level of risk for the Organization. At June 30, 2019 and 2018 the Organization had no uninsured cash balances.

**TRI-CITY CONSUMERS' ACTION CO-OPERATIVE
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018**

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

New Accounting Pronouncement

During the year ended June 30, 2019, the Organization adopted the requirements of the Financial Accounting Standards Board's Accounting Standards Update No. 2016-14—Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities (ASU 2016-14). This Update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return between not-for-profit entities. A key change required by ASU 2016-14 is the net asset classes used in these financial statements. Amounts previously reported as unrestricted net assets are now reported as net assets without donor restrictions and amounts previously reported as temporarily restricted net assets and permanently restricted net assets are now reported as net assets with donor restrictions.

The accompanying information from the 2018 financial statements has been restated to conform to the 2019 presentation and disclosure requirements of ASU 2016-14.

Reclassifications

Certain financial statement and note information from the prior year financial statements has been reclassified to conform with current year presentation format.

NOTE 3 VACATIONS AND SICK PAY PAYABLE

The Co-op has accrued a liability for future compensated vacation leave time that its employees have earned and which is vested with the employees. Accrued vacation time as of June 30, 2019 and 2018 was \$2,355 and \$1,111, respectively.

NOTE 4 EMPLOYEE TAX SHELTERED ANNUITY PLAN

The Co-op maintains a Section 403-b tax sheltered annuity plan for eligible employees. For the years ended June 30, 2019 and 2018 respectively, the Co-op contributed \$1,700 and \$1,700 to this defined contribution plan, respectively.

NOTE 5 REFUNDABLE BMH ADVANCE

Under the terms of the service agreement with the Bureau of Mental Health (BMH), a division of the State of New Hampshire's Department of Health and Human Services, The Co-op was required to segregate amounts received in excess of allowable expenses. Funds set aside in accordance with this requirement amounted to \$24,212 and \$18,221 for the years ended June 30, 2019 and 2018, respectively.

During the year ended June 30, 2019 BMH changed their policy regarding excess of allowable expenses. The new terms require BMH to adjust future grant distributions according to the net excess or deficit of funds per the organization's audited financial reports.

**TRI-CITY CONSUMERS' ACTION CO-OPERATIVE
 NOTES TO FINANCIAL STATEMENTS
 Years Ended June 30, 2019 and 2018**

NOTE 6 SUBSEQUENT EVENTS

Management has evaluated subsequent events through August 16, 2019, the date on which the financial statements were available to be issued, to determine if any are of such significance to require disclosure. It has been determined that no subsequent events matching this criterion occurred during this period.

NOTE 7 LONG TERM DEBT

Long-term debt consisted of the following as of June 30:	<u>2019</u>	<u>2018</u>
Mortgage payable to a bank in monthly installments of \$1,412 including principal and interest beginning September 2015. Mortgage has a fixed interest rate of 4.99% for the first five years followed by an adjustable rate for the remainder of the loan. The note is secured by a mortgage on real estate and matures September 2035.	\$219,780	\$225,562
Note payable, State of NH BMH with no monthly installments and no interest accrued. The note is secured by a second mortgage on real estate. The maturity of the note is contingent upon the sale of the real estate.	<u>25,000</u>	<u>25,000</u>
Total	<u>244,780</u>	<u>250,562</u>
Less current portion	<u>6,134</u>	<u>5,836</u>
Long-term debt	<u>\$238,646</u>	<u>\$244,726</u>

Future maturities of long-term debt at June 30 are as follows:

2020	\$ 6,134
2021	6,447
2022	6,776
2023	7,122
2024	7,485
Thereafter	<u>210,816</u>
	<u>\$244,780</u>

NOTE 8 BOARD DESIGNATED NET ASSETS

The Organization has no board designated net assets as of June 30, 2019.

TRI-CITY CONSUMERS' ACTION CO-OPERATIVE
NOTES TO FINANCIAL STATEMENTS
Years Ended June 30, 2019 and 2018

NOTE 9 LEASE AGREEMENT – RENTAL INCOME

The Organization has a space available to rent to the public. The Organization receives rent when the opportunity arises. They received \$2,200 and \$-0- during the years ended June 30, 2019 and 2018, respectively.

NOTE 10 LIQUIDITY & AVAILABILITY OF FINANCIAL ASSETS & CONTINGENCIES

The Organization has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization's primary source of support is grants. That support is held for the purpose of supporting the Organization's budget.

Going Concern

As of June 30, 2019, and 2018 the Organization's current liabilities exceeded current assets.

The deficit was as follows as of June 30:

	<u>2019</u>	<u>2018</u>
Total current assets	\$ 24,802	\$25,493
Accounts payable	5,192	2,319
Accrued expenses	10,290	8,410
Mortgage payable, current portion	6,134	5,836
Refundable BMHS advance	<u>24,212</u>	<u>18,221</u>
Total current liabilities	<u>45,828</u>	<u>34,786</u>
Total deficit	<u><u>\$ (21,026)</u></u>	<u><u>\$ (9,293)</u></u>

Because the cause of the deficiency is an ongoing condition mandated by the Organization's primary funding source there is a likelihood that the deficiency may grow in future years. This creates an uncertainty about the Organization's ability to continue as a going concern.

Management of the Organization has increased a separate funding source in the form of private donations and rental income to fund expenses that are not covered by the BMHS service agreement. The ability of the Organization to continue as a going concern is dependent upon the revenue earned from private donations.

The financial statements do not include any adjustments that might be necessary if the Organization is unable to continue as a going concern.

TRI-CITY CONSUMERS' ACTION CO-OPERATIVE
STATEMENTS OF ACTIVITIES
BY STATE APPROVED BMH FUNDS
YEAR ENDED JUNE 30, 2019
See Independent Auditors' Report

	State Approved BMH Funds	Non-BMH Funds	Total
REVENUES, GAINS AND OTHER SUPPORT			
Grant income, current year	\$ 184,375	\$ -	\$ 184,375
Grant income, special funding	24,200	-	24,200
Grant income, released from reserve	35,009	-	35,009
Donations	-	5,988	5,988
Insurance claim	-	8,217	8,217
Rent income	-	2,200	2,200
Interest income	9	-	9
Total support and revenue	<u>243,593</u>	<u>16,405</u>	<u>259,998</u>
EXPENSES			
Wages	\$ 95,742	\$ -	\$ 95,742
Payroll taxes	7,305	-	7,305
Employee benefits	6,715	-	6,715
Retirement plan expense	1,700	-	1,700
Office supplies	2,993	358	3,351
Building supplies	5,424	659	6,083
Food and other consumable supplies	1,089	-	1,089
Telephone and internet	4,206	-	4,206
Utilities	25,056	-	25,056
Insurance	9,785	-	9,785
Repairs and maintenance	7,548	9,557	17,105
Audit fees	5,480	-	5,480
Transportation and travel	4,176	20	4,196
Member training	2,191	-	2,191
Depreciation	-	11,598	11,598
Postage	893	-	893
Equipment rental	2,400	-	2,400
Interest expense	11,162	-	11,162
Miscellaneous	1,194	25	1,219
Total expenses	<u>195,059</u>	<u>22,217</u>	<u>217,276</u>
Increase (decrease) in net assets	48,534	(5,812)	42,722
BMH funds allowed for debt reduction	(5,781)	5,781	-
BMH funds allowed for capital purchases	(56,694)	56,694	-
Total BMH funds allowed	<u>(62,475)</u>	<u>62,475</u>	<u>-</u>
Net Assets, Beginning of Year	<u>-</u>	<u>33,339</u>	<u>33,339</u>
Net Assets (Deficit) End of Year	<u>\$ (13,941)</u>	<u>\$ 90,002</u>	<u>\$ 76,061</u>

Notes to Financial Statements



**TRI-CONSUMERS' ACTION CO-OPERATIVE
BOARD OF DIRECTORS**

May 18, 2020

PRESIDENT

Sharon Reynolds

Joined on: 05-19-2009

Term #: 4

Term length: 3 years

Expiration: 03-07-2021

VICE-PRESIDENT

Kathy Downing

Joined on: 08-25-2008

Term #: 4

Term length: 3 years

Expiration: 04-09-2020

TREASURER

Diana Bastian

Joined on: 2-24-2016

Term #: 2

Term Length: 3 years

Expiration: 02-24-2022

SECRETARY

Barbara Holstein

Joined on 7-25-2018

Term #1

Term Length: 3 years

Expiration: 7-25-2021

Heather Bushby

Joined on 08-26-2015

Term #: 2

Term Length: 3 years

Expiration: 08-26-2021

Denise LaFrance

Joined: March 24, 2019

Term#: 1

Term Length: 3 years

Expiration: 3-24-2022

Elaine Weatherbee

Joined on: 03-07-2012

Term #: 3

Term length: 3 years

Expiration: 03-07-2021

EXECUTIVE DIRECTOR

Martha Jo Hewitt

MARTHA JO HEWITT

Management Operations & Planning Administration & Support

Professional capable of immediate impact on an organization's issues, with respect to the planning, coordination and implementation of programs and activities in support of organizations' mission, strategic and organizational planning, program/project management, staff development and training, operations and administration.

Summary of Qualifications

Advanced Degree in Business Administration with extensive professional domestic and international experience in administration and planning, performance analysis, program/project management, building partnerships and alliances, staff development and training, business operations and administration. Bottom line administrator with a solid track record for increasing operational efficiency, generating costs savings and improving administrative and operational procedures. Demonstrated ability to coordinate and manage multiple complex projects simultaneously. Designed and implemented policies and procedures with respect to strategic and organizational planning, administrative operations and support programs, program/project management and planning, productivity improvements, operations and administration. Proven ability to interface with all levels of an organization, to lead, to motivate and to get the job done.

Expertise and knowledge in areas such as:

- | | | |
|---------------------------------------|-------------------------|-----------------------|
| - Management/Operations | - Planning & Scheduling | - Staff Development |
| - Program/Project Development | - Training & Education | - Policy Design |
| - Budget Development/Implementation - | Performance Analysis | - Team Building |
| - Needs Assessment/Evaluation | - Facilitator | - Cost Controls |
| - Strategic/Organizational Planning | - Community Relations | - Computer Proficient |

Selected Accomplishments

Rebuilding a small state funded Peer Support Agency. Developing fundraising and grant opportunities, establishing and maintaining relationships with like agencies, creating new programs, maintaining a leased facility, working directly with the members; while working within the framework of a state contract. Collaborating with organizations to provide needed services for members of the agency. Working with a board to establish the vision and goals of the agency and then implementing those goals.

Created and Balanced an organizational budget of between \$750,000.00 and \$780,000.00. Researched, submitted and received grant moneys from individuals and corporations. Initiated and directly involved with successful fundraising events. I like to think outside the box.

Developed and Implemented a new training program from "scratch" for a team-based organization of over 50 employees, covering 17 different job classifications in 14 locations. Instituted the administrative function of the training effort.

Professional Experience

TRI-CITY CONSUMERS' ACTION CO-OPERATIVE, Rochester NH

2012 -

Executive Director

- Manage the business operations of a state funded non-profit organization. Responsible for the over-all direction of the administrative, human resource, financial, development and program activities.
- Providing confidential services for members in crisis, addressing problematic member behavior and determining the proper course of action that complies with policies and procedures.
- Responsible for 4 full/part time employees and interns.
- Overseas a yearly budget that complies with the NH Bureau of Behavioral Health federal block grant and other funding source guidelines.
- Attend monthly board meetings and implement the vision and goals established by the board.

COCHECO VALLEY HUMANE SOCIETY, Dover NH

2007 - 2011

Executive Director

- Manage the business operations of a private non-profit organization. Responsible for the over-all direction of the administrative, human resource, financial, development and program activities.
- Restructuring the organization in preparation for a capital campaign and a move to a new state of the art facility.
- Responsible for 30 full and part time employees and over 250 volunteers
- Work with the Board of Directors in defining the direction and vision of the organization.

AMERICAN RED CROSS - GREAT BAY CHAPTER, Newington, NH

2005-2006

Director of Health and Safety

- Supervised the operational and administrative efforts of over 250 volunteer Instructors.
- Responsible and accountable for those activities conducted within the chapter's jurisdiction in supporting 39 communities.
- Created innovated techniques to streamline daily operations. Responded to all health and safety queries in accordance with chapter and national policies and procedures.

THE CALUMET GROUP, Seoul, South Korea

2002-2004

Project Director (2003-2004)

- Managed a staff of 50 employees and a \$1.5 million budget. Responsible for the management of an overseas Department of Defense Umbrella Contract for the Calumet Group.
- Established and maintained strong lines of communication with the President of the company, the home office in the United States, and 14 offices throughout the Korean Peninsula.
- Managed a highly successful effort to develop and align the capabilities of this Department of Defense contractor providing social service support to soldiers and their families and ensuring compliance with DOD guidelines and regulations.

Project Trainer (2002-2003)

- Developed, implemented and managed The Right Start Training Program. This was an internal training curriculum of The Calumet Group.

- Monitored the training needs and future goals of over 50 employees, covering 17 different job classifications in 14 locations.
- Processed all new employees on the policies and procedures of the company, as well as the job responsibilities, based on the government contract.

AMERICAN RED CROSS (ARC)

1994-2002

Service Center Coordinator – Central LA Chapter, Ft. Polk, LA (2000-2002)

- Managed a staff of 15 volunteers and was responsible for providing American Red Cross services to both military and civilian communities as an extension of the Central Louisiana Chapter.
- Organized and trained volunteers, to include youth, to be members of Disaster Action Teams, able to respond to single family fires and natural/manmade disasters.
- Promulgated the American Red Cross image by spearheading successful fund-raising activities yielding monies to maintain critical services throughout the community.

Previous positions with American Red Cross included Associate, Emergency Field Operations ARC Headquarters, Station Chairman, ARC Ft. Carson, CO, Director, Human Resources & Education and Director of Volunteer Services at the American Red Cross Alexandria VA Chapter.

Education & Training

Master of Science in Business Administration, Boston University
Bachelor of Science, Pre-Veterinarian Medicine, University of New Hampshire
Associate of Arts, Liberal Arts, Colby Sawyer College

Tri-City Consumers' Action Co-Operative: Intentional Peer Support, Wellness, Recovery Action Plan (WRAP), Defensive Driving, Sexual Harassment, Recovery Coach and Trainer, Crisis Prevention and Intervention Training, WarmLine Training, Co-Supervision, Chairperson of NH Peer Voice, PSA Executive Directors and NH mental Health Planning and Advisory Council.

Cochecho Valley Humane Society: Coaching Skills for Managers and Supervisors, Small Animal Handling training, Leadership Seacoast, Animal Sheltering Workshop and Drill

American Red Cross: Instructor Trainer – Health and Safety courses, Instructor – Disaster Services, Personnel Practices for Supervisors, Armed Forces Emergency Services courses, Paid and Volunteer Staff Relationships, Health and Safety Administrator Training, previous DAT member, ERV qualified and NIMS training

The Calumet Group: Assertiveness Training, Customer Service, EEO/Prevention of Sexual Harassment, Problem Solving, Stress Management,

Additional Training:

CERT Trained
 Notary Public

CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Martha Jo Hewitt	Executive Director	\$40,000.00	100%	\$40,000.00

28 mac



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH**

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9544 1-800-852-3345 Ext. 9544
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

May 23, 2019

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

REQUESTED ACTION

- 1) Authorize the Department of Health and Human Services, Division for Behavioral Health, to exercise renewal options and amend existing agreements with the vendors listed below to continue providing peer support services to adults with mental illness by increasing the total price limitation by \$2,659,479 from \$8,280,837 to \$10,940,316 and by extending the completion date from June 30, 2019 to June 30, 2020, effective July 1, 2019 or upon Governor and Executive Council approval whichever is later. 55.45% Federal Funds, 44.55% General Funds.

Vendor Name	Vendor Number	Location	Contract Amount	Increase/ (Decrease)	Modified Contract Amount	G&C Approval
Connections Peer Support Center	#157070-B001	Portsmouth	\$734,466	\$243,078	\$977,544	O:06/29/16 #23 A1: 6/20/18#33B
H.E.A.R.T.S Peer Support Center	#209287-B001	Nashua	\$1,146,234	\$387,091	\$1,533,325	O:06/29/16 #23 A1: 6/20/18#33B
Lakes Region Consumer Advisory Board	#157060-B001	Laconia	\$1,018,137	\$337,411	\$1,355,548	O:06/29/16 #23 A1: 6/20/18#33B
Monadnock Area Peer Support Agency	#157973-B001	Keene	\$792,342	\$275,105	\$1,067,447	O:06/29/16 #23 A1: 6/20/18#33B
On the Road to Recovery, Inc.	#158839-B001	Manchester	\$1,328,574	\$410,549	\$1,739,123	O:06/29/16 #23 A1: 6/20/18#33B
The Stepping Stone Drop-In Center, Association	#157697-B001	Claremont	\$1,135,035	\$385,119	\$1,520,154	O:06/29/16 #23 A1: 6/20/18#33B
The Alternative Life Center	#168081-B001	Conway	\$1,572,228	\$428,348	\$2,000,576	O:06/29/16 #23 A1:06/21/17 #38 A2: 6/20/18#33B
Tri-City Consumers' Action Co-operative	#157797-B001	Rochester	\$553,821	\$192,778	\$746,599	O:06/29/16 #23 A1: 6/20/18#33B
Total			\$8,280,837	\$2,659,479	\$10,940,316	

Financial Detail

Lakes Region Consumer Advisory Board					
Vendor # 157060					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 151,196.00	\$ -	\$ 151,196.00
2018	Contracts for Prog Svs	102-500731	\$ 151,196.00	\$ -	\$ 151,196.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 302,392.00	\$ -	\$ 302,392.00

Monadnock Area Peer Support Agency					
Vendor # 157973					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 117,665.00	\$ -	\$ 117,665.00
2018	Contracts for Prog Svs	102-500731	\$ 117,665.00	\$ -	\$ 117,665.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 235,330.00	\$ -	\$ 235,330.00

H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI					
Vendor # 209287					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 170,218.00	\$ -	\$ 170,218.00
2018	Contracts for Prog Svs	102-500731	\$ 170,218.00	\$ -	\$ 170,218.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 340,436.00	\$ -	\$ 340,436.00

On the Road to Recovery, Inc.					
Vendor # 158839					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 197,296.00	\$ -	\$ 197,296.00
2018	Contracts for Prog Svs	102-500731	\$ 197,296.00	\$ -	\$ 197,296.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 394,592.00	\$ -	\$ 394,592.00

Connections Peer Support Center					
Vendor # 157070					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 109,071.00	\$ -	\$ 109,071.00
2018	Contracts for Prog Svs	102-500731	\$ 109,071.00	\$ -	\$ 109,071.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 218,142.00	\$ -	\$ 218,142.00

Tri-City Consumers' Action Co-operative					
Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ 82,245.00	\$ -	\$ 82,245.00
2018	Contracts for Prog Svs	102-500731	\$ 82,245.00	\$ -	\$ 82,245.00
2019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2020	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 164,490.00	\$ -	\$ 164,490.00

SUB TOTAL			\$ 2,458,736.00	\$ -	\$ 2,458,736.00
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05-95-92-922010-4118 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, PEER SUPPORT SERVICES					
100% General Funds					
Activity Code: 92204118					
The Alternative Life Center					

Financial Detail

Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 233,122.00	\$ -	\$ 233,122.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 190,832.00	\$ 190,832.00
Subtotal			\$ 233,122.00	\$ 190,832.00	\$ 423,954.00

The Stepping Stone Drop-In Center Association					
Vendor # 157967					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 168,555.00	\$ -	\$ 168,555.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 171,573.00	\$ 171,573.00
Subtotal			\$ 168,555.00	\$ 171,573.00	\$ 340,128.00

Lakes Region Consumer Advisory Board					
Vendor # 157060					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 151,196.00	\$ -	\$ 151,196.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 150,319.00	\$ 150,319.00
Subtotal			\$ 151,196.00	\$ 150,319.00	\$ 301,515.00

Monadnock Area Peer Support Agency					
Vendor # 157973					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 117,665.00	\$ -	\$ 117,665.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 122,561.00	\$ 122,561.00
Subtotal			\$ 117,665.00	\$ 122,561.00	\$ 240,226.00

H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI					
Vendor # 209287					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 170,218.00	\$ -	\$ 170,218.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 194,727.00	\$ 194,727.00
Subtotal			\$ 170,218.00	\$ 194,727.00	\$ 364,945.00

On the Road to Recovery, Inc.					
Vendor # 158839					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 197,296.00	\$ -	\$ 197,296.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 182,903.00	\$ 182,903.00
Subtotal			\$ 197,296.00	\$ 182,903.00	\$ 380,199.00

Connections Peer Support Center					
Vendor # 157070					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 109,071.00	\$ -	\$ 109,071.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 108,294.00	\$ 108,294.00
Subtotal			\$ 109,071.00	\$ 108,294.00	\$ 217,365.00

Financial Detail

Tri-City Consumers' Action Co-operative					
Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 82,245.00	\$ -	\$ 82,245.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 58,159.00	\$ 58,159.00
Subtotal			\$ 82,245.00	\$ 58,159.00	\$ 140,404.00

SUB TOTAL			\$ 1,229,368.00	\$ 1,179,368.00	\$ 2,408,736.00
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05-95-92-922010-4120 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH BLOCK GRANT

100% Federal Funds,
Activity Code: 92204120

The Alternative Life Center					
Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 290,154.00	\$ -	\$ 290,154.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 237,516.00	\$ 237,516.00
Subtotal			\$ 290,154.00	\$ 237,516.00	\$ 527,670.00

The Stepping Stone Drop-In Center Association					
Vendor # 157967					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 209,790.00	\$ -	\$ 209,790.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 213,546.00	\$ 213,546.00
Subtotal			\$ 209,790.00	\$ 213,546.00	\$ 423,336.00

Lakes Region Consumer Advisory Board					
Vendor # 157060					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 188,183.00	\$ -	\$ 188,183.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 187,092.00	\$ 187,092.00
Subtotal			\$ 188,183.00	\$ 187,092.00	\$ 375,275.00

Monadnock Area Peer Support Agency					
Vendor # 157973					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 146,449.00	\$ -	\$ 146,449.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 152,544.00	\$ 152,544.00
Subtotal			\$ 146,449.00	\$ 152,544.00	\$ 298,993.00

H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI					
Vendor # 209287					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 211,860.00	\$ -	\$ 211,860.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 192,364.00	\$ 192,364.00
Subtotal			\$ 211,860.00	\$ 192,364.00	\$ 404,224.00

Financial Detail

On the Road to Recovery, Inc.					
Vendor # 158839					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 245,562.00	\$ -	\$ 245,562.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 227,646.00	\$ 227,646.00
Subtotal			\$ 245,562.00	\$ 227,646.00	\$ 473,208.00

Connections Peer Support Center					
Vendor # 157070					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 135,751.00	\$ -	\$ 135,751.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 134,784.00	\$ 134,784.00
Subtotal			\$ 135,751.00	\$ 134,784.00	\$ 270,535.00

Tri-City Consumers' Action Co-operative					
Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2019	Contracts for Prog Svs	102-500731	\$ 102,362.00	\$ -	\$ 102,362.00
2020	Contracts for Prog Svs	102-500731	\$ -	\$ 134,619.00	\$ 134,619.00
Subtotal			\$ 102,362.00	\$ 134,619.00	\$ 236,981.00

SUB TOTAL			\$ 1,530,111.00	\$ 1,480,111.00	\$ 3,010,222.00
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05-95-91-910010-5710 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: GLENCLIFF HOME FOR ELDER, GLENCLIFF HOME, PROFESSIONAL CARE					
80% Other Funds/ 20% General Funds					
Activity Code: 91000000					

The Altonative Life Center					
Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2018	Consultants	046-500464	\$ 1,200.00	\$ -	\$ 1,200.00
2019	Consultants	046-500464	\$ 1,200.00	\$ -	\$ 1,200.00
2020	Consultants	046-500464	\$ -	\$ -	\$ -
Subtotal			\$ 2,400.00	\$ -	\$ 2,400.00

SUB TOTAL			\$ 2,400.00	\$ -	\$ 2,400.00
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TOTAL			\$ 8,280,837.00	\$ 2,659,479.00	\$ 10,940,316.00
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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9422 1-800-852-3345 Ext. 9422
Fax: 603-271-8431 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

May 16, 2018

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

REQUESTED ACTION

- 1) Authorize the Department of Health and Human Services, Division of Behavioral Health, Bureau of Mental Health Services, to exercise renewal options to agreements with the vendors listed below to continue providing peer support services to adults with mental illness, by increasing the price limitation by \$2,760,679 from \$5,520,158 to \$8,280,837, and by extending the contract completion dates from June 30, 2018 to June 30, 2019, effective upon approval by the Governor and Executive Council. Funding is 55.45% Federal, 44.55% General Funds
- 2) Upon approval of Request #1, authorize the Department to process advance payments of up to a maximum of one-twelfth (1/12th) of each contract price limitation for State Fiscal Year 2019.

The original contract was approved by the Governor and Executive Council on June 29, 2016 (Item #23), and amended on June 21, 2017 (Item #38).

Vendor	Location	Current Amount	Increase Amount	Revised Amount
Connection Peer Support Center	Portsmouth, NH	\$489,644	\$244,822	\$734,466
H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI	Nashua, NH	\$764,156	\$382,078	\$1,146,234
Lakes Region Consumer Advisory Board	Laconia, NH	\$678,758	\$339,379	\$1,018,137
Monadnock Area Peer Support Agency	Keene, NH	\$528,228	\$264,114	\$792,342
On the Road to Recovery, Inc.	Manchester, NH	\$885,716	\$442,858	\$1,328,574
The Stepping Stone Drop-In Center Association	Claremont, NH	\$756,690	\$378,345	\$1,135,035
The Alternative Life Center	Conway, NH	\$1,047,752	\$524,476	\$1,572,228
Tri-City Consumers' Action Co-operative	Rochester, NH	\$369,214	\$184,607	\$553,821
	Totals	\$5,520,158	\$2,760,679	\$8,280,837

Funds are available in State Fiscal Year 2019 with authority to adjust encumbrances between State Fiscal Years through the Budget Office without further approval from the Governor and Executive Council, if needed and justified.

Please see attached financial detail.

EXPLANATION

The purpose of this request is for continuation of peer support services to adults with long-term and/or severe mental illness at Peer Support Agencies. The Contractors provide services that enhance personal wellness, independence, and recovery by reducing crises due to symptoms of mental illness. Peer support services include supportive interactions and shared experiences using an Intentional Peer Support model that fosters recovery from mental illness and self-advocacy skills.

Peer support services teach wellness self-management, and provide outreach through face-to-face meetings, or telephone calls, to provide continued support to individuals who may not be able to attend face-to-face peer support service meetings. Telephone peer support services are available statewide to assist individuals who may experience mental health crises during hours when the contractors' agencies are closed for business. These eight (8) Peer Support Agency contractors expect to serve a total of 3,990 individuals through these contract amendments.

Contractors produce a monthly newsletter to inform members, participants, community mental health centers, community organizations, and the public about services and ongoing activities at the agency. Activities include skills trainings and educational events for members to learn about topics such as symptom management and how to navigate services, local education and community outreach efforts around stigma, wellness, and recovery, and meetings with other human service providers to facilitate appropriate referrals. The newsletters and documentation of monthly trainings, educational meetings, and community outreach events are submitted on a monthly basis to the Department.

The DHHS conducts a review of all contracted Peer Support Agency policies and procedures to ensure they are all up to date, on file, and meet expectations of the contract. Ongoing tracking and oversight is maintained by the Department. Contractors produce quarterly statistical data reports that are submitted to the Department based on contract deliverables. Monthly reports are submitted that include a list of trained staff and trainings they have completed, service utilization data, program activity data, revenue and expense by cost and program category, a Capital Expenditure Report, an Interim Balance Sheet, a Profit and Loss statement, and all Board Meeting Minutes. If items are not being met a corrective action plan is required. The Contractor also prepares an annual report for presentation to the Department and Mental Health Planning and Advisory Council. Each contractor undergoes a bi-annual quality improvement review and participates in ongoing monitoring and reporting based on these reviews. Each contractor conducts member satisfaction surveys as requested by the department and at any time the contractor is found out of compliance, the agency has 30 days to submit a corrective action plan to ensure compliance is regained.

Approval of the advance payment for each of the eight (8) contractors will allow them to continue to cover operating expenses. If approved, the total advance payment amount will not exceed \$331,281. The funds will be used to cover day to day costs that include payroll and

occupancy. The Department considers advance payment to these vendors as a necessary method to ensure ongoing services for the clients that they serve. The Department is in close communication with these agencies and monitors their financial status on an ongoing basis.

Language in the eight (8) contracts reserves the Department's right to renew each contract for up to four (4) additional years, subject to the continued availability of funds, satisfactory performance of the contractors, and Governor and Executive Council approval.

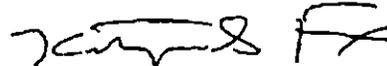
Should the Governor and Executive Council not approve this request, 3,990 individuals may not have access the valuable support that they rely on to manage their symptoms of mental illness. Some individuals may require a higher level of service, including hospitalization, should these peer support services become unavailable.

Area served: Statewide.

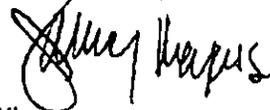
Source of funds: 44.55% General Funds and 55.45% Federal Funds from United States Department of Health and Human Services, Block Grants for Community Mental Health Services, Catalog of Federal Domestic Award (CFDA) 93.958, and Federal Award Identification Number (FAIN) SM010035-18

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

Respectfully submitted,



Katja S. Fox
Director



Approved by:

Jeffrey A. Meyers
Commissioner

Financial Details for Peer Support Services

05-95-92-820010-7143 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, IHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MENTAL HEALTH BLOCK GRANT					
100% Federal Funds					
Activity Code: 92207143					
The Alternative Life Center					
Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$290,154	\$0	\$290,154
2,018	Contracts for Prog Svs	102-500731	\$290,154	\$0	\$290,154
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$580,308	\$0	\$580,308
The Stopping Stone Drop-In Center Association					
Vendor # 157887					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$209,790	\$0	\$209,790
2,018	Contracts for Prog Svs	102-500731	\$209,790	\$0	\$209,790
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$419,580	\$0	\$419,580
Lakes Region Consumer Advisory Board					
Vendor # 157060					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$188,183	\$0	\$188,183
2,018	Contracts for Prog Svs	102-500731	\$188,183	\$0	\$188,183
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$376,366	\$0	\$376,366
Monadnock Area Peer Support Agency					
Vendor # 157973					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$146,449	\$0	\$146,449
2,018	Contracts for Prog Svs	102-500731	\$146,449	\$0	\$146,449
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$292,898	\$0	\$292,898
H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI					
Vendor # 209287					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$211,860	\$0	\$211,860
2,018	Contracts for Prog Svs	102-500731	\$211,860	\$0	\$211,860
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$423,720	\$0	\$423,720

Financial Details for Peer Support Services

On the Road to Recovery, Inc.					
Vendor # 158839					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$245,562	\$0	\$245,562
2,018	Contracts for Prog Svs	102-500731	\$245,562	\$0	\$245,562
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$491,124	\$0	\$491,124

Connections Peer Support Center					
Vendor # 157070					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$135,751	\$0	\$135,751
2,018	Contracts for Prog Svs	102-500731	\$135,751	\$0	\$135,751
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$271,502	\$0	\$271,502

Tri-City Consumers' Action Co-operative					
Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$102,362	\$0	\$102,362
2,018	Contracts for Prog Svs	102-500731	\$102,362	\$0	\$102,362
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$204,724	\$0	\$204,724

SUB TOTAL			\$3,060,222	\$0	\$3,060,222
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05-95-92-920010-7011 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, PEER SUPPORT SERVICES
 100% General Funds
 Activity Code: 92207011

The Alternative Life Center					
Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$233,122	\$0	\$233,122
2,018	Contracts for Prog Svs	102-500731	\$233,122	\$0	\$233,122
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$466,244	\$0	\$466,244

The Stepping Stone Drop-In Center Association					
Vendor # 157987					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$168,555	\$0	\$168,555
2,018	Contracts for Prog Svs	102-500731	\$168,555	\$0	\$168,555
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$337,110	\$0	\$337,110

Financial Details for Peer Support Services

Lakes Region Consumer Advisory Board					
Vendor # 157060					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$151,196	\$0	\$151,196
2,018	Contracts for Prog Svs	102-500731	\$151,196	\$0	\$151,196
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$302,392	\$0	\$302,392

Monadnock Area Peer Support Agency					
Vendor # 157973					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$ 117,665	\$ -	\$ 117,665
2,018	Contracts for Prog Svs	102-500731	\$ 117,665	\$ -	\$ 117,665
2,019	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
Subtotal			\$ 235,330	\$ -	\$ 235,330

H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI					
Vendor # 209287					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$170,218	\$0	\$170,218
2,018	Contracts for Prog Svs	102-500731	\$170,218	\$0	\$170,218
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$340,436	\$0	\$340,436

On the Road to Recovery, Inc.					
Vendor # 158839					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$197,296	\$0	\$197,296
2,018	Contracts for Prog Svs	102-500731	\$197,296	\$0	\$197,296
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$394,592	\$0	\$394,592

Connections Peer Support Center					
Vendor # 157070					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-600731	\$109,071	\$0	\$109,071
2,018	Contracts for Prog Svs	102-500731	\$109,071	\$0	\$109,071
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$218,142	\$0	\$218,142

Tri-City Consumers' Action Co-operative					
Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$82,245	\$0	\$82,245
2,018	Contracts for Prog Svs	102-500731	\$82,245	\$0	\$82,245
2,019	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
Subtotal			\$164,490	\$0	\$164,490

SUB TOTAL			\$2,458,736	\$0	\$2,458,736
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05-95-92-922010-4118 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, PEER SUPPORT SERVICES					
100% General Funds					
Activity Code: 92204118					
The Alternative Life Center					
Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$233,122	\$233,122

Financial Details for Peer Support Services

Subtotal			\$0	\$233,122	\$233,122
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The Stepping Stone Drop-In Center Association					
Vendor # 157967					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$168,555	\$168,555
Subtotal			\$0	\$168,555	\$168,555

Lakes Region Consumer Advisory Board					
Vendor # 157060					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$151,196	\$151,196
Subtotal			\$0	\$151,196	\$151,196

Monadnock Area Peer Support Agency					
Vendor # 157973					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2,018	Contracts for Prog Svs	102-500731	\$ -	\$ -	\$ -
2,019	Contracts for Prog Svs	102-500731	\$ -	\$ 117,665	\$ 117,665
Subtotal			\$ -	\$ 117,665	\$ 117,665

H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI					
Vendor # 209287					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$170,218	\$170,218
Subtotal			\$0	\$170,218	\$170,218

On the Road to Recovery, Inc.					
Vendor # 158839					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$197,296	\$197,296
Subtotal			\$0	\$197,296	\$197,296

Connections Peer Support Center					
Vendor # 157070					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$109,071	\$109,071
Subtotal			\$0	\$109,071	\$109,071

Tri-City Consumers' Action Co-operative					
Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$82,245	\$82,245
Subtotal			\$0	\$82,245	\$82,245

SUB TOTAL			\$0	\$1,229,368	\$1,229,368
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Financial Details for Peer Support Services

05-95-92-922010-4120 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV, BUREAU OF MENTAL HEALTH SERVICES, MENTAL HEALTH BLOCK GRANT					
100% Federal Funds					
Activity Code: 92204120					
The Alternative Life Center					
Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$290,154	\$290,154
Subtotal			\$0	\$290,154	\$290,154

The Stepping Stone Drop-in Center Association					
Vendor # 157967					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$209,790	\$209,790
Subtotal			\$0	\$209,790	\$209,790

Lakes Region Consumer Advisory Board					
Vendor # 157060					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$188,183	\$188,183
Subtotal			\$0	\$188,183	\$188,183

Monadnock Area Peer Support Agency					
Vendor # 157973					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$146,449	\$146,449
Subtotal			\$0	\$146,449	\$146,449

H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI					
Vendor # 208287					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$211,860	\$211,860
Subtotal			\$0	\$211,860	\$211,860

On the Road to Recovery, Inc.					
Vendor # 158839					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$245,562	\$245,562
Subtotal			\$0	\$245,562	\$245,562

Connections Peer Support Center					
Vendor # 157070					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$135,751	\$135,751
Subtotal			\$0	\$135,751	\$135,751

Financial Details for Peer Support Services

Tri-City Consumers' Action Co-operative					
Vendor # 157797					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,017	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,018	Contracts for Prog Svs	102-500731	\$0	\$0	\$0
2,019	Contracts for Prog Svs	102-500731	\$0	\$102,362	\$102,362
Subtotal			\$0	\$102,362	\$102,362
SUB TOTAL			\$0	\$1,530,111	\$1,530,111

05-95-91-910010-5710 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: GLENCLIFF HOME FOR ELDER, GLENCLIFF HOME, PROFESSIONAL CARE					
80% Other Funds/ 20% General Funds					
Activity Code: 91000000					
The Alternative Life Center					
Vendor # 068801					
State Fiscal Year	Class Title	Class Account	Current Budget	Amount Increase/ (Decrease)	Revised Budget Amount
2,018	Consultants	046-500464	\$1,200	\$0	\$1,200
2,019	Consultants	046-500484	\$0	\$1,200	\$1,200
Subtotal			\$1,200	\$1,200	\$2,400
TOTAL			\$5,520,158	\$2,760,679	\$8,280,837

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION FOR BEHAVIORAL HEALTH

Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9422 1-800-852-3345 Ext. 9422
Fax: 603-271-8431 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

May 19, 2017

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, Glenclyff Home to amend an Agreement with The Alternative Life Center, 6 Main Street, Conway, NH, 03818 (Vendor #068801), to continue to provide peer support services to Glenclyff Home residents, by increasing the price limitation by \$1,200 from \$1,046,552 to an amount not to exceed \$1,047,752, effective July 1, 2017 or upon the date of Governor and Executive Council approval whichever comes later. There is no change to the completion date of June 30, 2018. The source of funds for this amendment is 19% General Funds and 81% Agency Funds.

Funds are anticipated to be available in State Fiscal Year 2018, upon the availability and continued appropriation of funds in the future operating budget, 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.

05-95-92-920010-7143 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MENTAL HEALTH BLOCK GRANT

State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$290,154
2018	Contracts for Prog Svs	102-500731	\$290,154
		Subtotal	\$580,308

**05-95-92-920010-7011 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF,
 HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, PEER SUPPORT
 SERVICES**

State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$233,122
2018	Contracts for Prog Svs	102-500731	\$233,122
		Subtotal	\$466,244

**05-95-91-910010-5710 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF,
 HHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, PEER SUPPORT
 SERVICES**

State Fiscal Year	Class Title	Class Account	Current Budget
2018	Consultants	046-500464	\$1,200
		Subtotal	\$1,200
		Grand Total	\$1,047,752

EXPLANATION

Approval of this Amendment will allow the Contractor to continue to provide peer support services to Glenciff Home residents who have severe mental illness. This Amendment increases the funding in the Agreement to add the provision of monthly group peer support services to Glenciff Home residents. Peer Support services enhance personal wellness, independence, and recovery by reducing crises due to symptoms of mental illness.

The original agreement was competitively bid.

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 biennium.

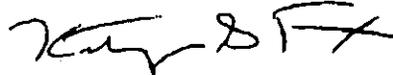
Should Governor and Council determine not to approve this request, residents at the Glenciff Home would lose a valuable support that is vital to managing their symptoms of mental illness.

Area served: Northern New Hampshire and Glenciff Home

His Excellency, Governor Christopher T. Sununu
and His Honorable Council
Page 3 of 3

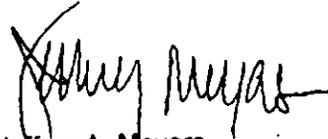
Source of funds: 19% General Funds and 81% Agency Funds.

Respectfully submitted



Katja S. Fox
Director

Approved by:



Jeffrey A. Meyers
Commissioner



Jeffrey A. Meyers
Commissioner

Katja S. Fox
Director

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

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June 6, 2016

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

G&C Approved

6/29/16

Date: _____

Item #: 23

REQUESTED ACTION

1. Authorize the Department of Health and Human Services, Division of Behavioral Health, Bureau of Mental Health Services, to enter into Agreements with the vendors listed below, to provide peer support services in an amount not to exceed \$5,518,958, effective July 1, 2016 through June 30, 2018, upon approval by Governor and Executive Council. 55.45% Federal, 44.55% General Funds

Summary of contract amounts by Vendor.

Vendor	Location	Budget Amount
Connection Peer Support Center	Portsmouth, NH	\$489,644
H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI	Nashua, NH	\$764,156
Lakes Region Consumer Advisory Board	Laconia, NH	\$678,758
Monadnock Area Peer Support Agency	Keene, NH	\$528,228
On the Road to Recovery, Inc.	Manchester, NH	\$885,716
The Stepping Stone Drop-In Center Association	Claremont, NH	\$756,690
The Alternative Life Center	Conway, NH	\$1,046,552
Tri-City Consumers' Action Co-operative	Rochester, NH	\$369,214
		\$5,518,958

2. Contingent upon approval of Requested Action #1, authorize an advance payment up to a maximum of one-twelfth of the contract price limitation per each Vendor for each State Fiscal Year. If exercised this amount would be \$459,913.17.

Funds are available in State Fiscal Year 2017 and anticipated to be available in State Fiscal Year 2018, upon the availability and continued appropriation of funds in the future operating budget, 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.

Please see attached financial detail.

EXPLANATION

The attached agreements represent eight (8) agreements with a combined price limitation of \$5,518,958.

Approval of these eight (8) Agreements will allow the Contractors to provide peer support services to adults with long-term and/or severe mental illness. The Contractor will provide services that will enhance personal wellness, independence, and recovery by reducing crises due to symptoms of mental illness. Peer support services include supportive interactions and shared experiences using an Intentional Peer Support model that fosters recovery from mental illness and self-advocacy skills. Additionally, peer support services teach wellness self-management, and provide outreach by face-to face or telephone calls to provide continued support to consumers who may not be able to attend services. Also warmline line services will be available statewide by providing telephone peer support to assist individuals in addressing a current crisis related to their mental health during hours when an agency is closed for services. These eight peer support agency contractors expect to serve a total of 3,300 consumers during State Fiscal Year 2017. The Agreements require the Contractors increase the number of consumers served by 10% for each subsequent State Fiscal Year.

Approval of the advanced payment for each of the eight (8) Vendors, for each State Fiscal Year, will allow the Contractors to continue to cover operating expenses. These funds cover day to day costs including payroll and occupancy. These agencies face considerable challenges in their day to day operations. The Department considers advance payment to these vendors as a necessary method to ensure ongoing services for the clients that they serve. The Department is in close communications with these agencies and monitors their financial status on an ongoing basis.

The Department published a Request for Proposals for Substance Use Disorder Treatment and Recovery Support Services (RFP2017-BBH-02-PEERS) on the Department of Health and Human Services website March 24, 2016 through April 26, 2016. The Department received eight proposals. These proposals were reviewed and scored by a team of individuals with program specific knowledge. The Department selected all the Vendors to provide these services (See attached Summary Score Sheet).

Some of the Vendors' proposals scored lower than anticipated; however, it was determined that losing peer support services would be detrimental to the individuals, families, and communities of New Hampshire. In order to ensure effective delivery of services, the Department has strengthened language in the Vendors' contracts. Monthly Board minutes and attachments will be submitted for review as well as a Board member list whenever changes in membership occur. Quarterly review letters based upon review of monthly and quarterly submissions will be sent to the agencies requiring corrective action response when necessary. In addition, the Department monitors the peer support Contractors through quality assurance reviews, monthly meetings, monthly and quarterly financial reporting and quarterly statistical reporting.

The attached Contracts include language that reserves the right to renew each contract for up to four (4) additional years, subject to the continued availability of funds, satisfactory performance of contracted services and Governor and Executive Council approval.

Should Governor and Council determine not to approve this request, 3,300 persons could lose a valuable support they have come to rely on to manage their symptoms of mental illness. Some individuals likely will need a higher level of service including hospitalization.

Area served: Statewide.

Source of funds: ^{44.55}~~46.55~~% General Funds and 55.45% Federal Funds from United States Department of Health and Human Services, Block Grants for Community Mental Health Services, Catalog of Federal Domestic Award (CFDA) 93.958, and Federal Award Identification Number (FAIN) SM010035-16

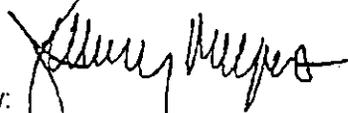
In the event that the Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted



Katja S. Fox
Director

Approved by:



Jeffrey A. Meyers
Commissioner

Financial Detail

05-95-92-920010-7143 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, MHS: BEHAVIORAL HEALTH DIV OF, DIV OF BEHAVIORAL HEALTH, MENTAL HEALTH BLOCK GRANT			
100% Federal Funds			
Activity Code: 92207143			
The Alternative Life Center Vendor # 088801			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 290,154.00
2018	Contracts for Prog Svs	102-500731	\$ 290,154.00
Subtotal			\$ 580,308.00
The Stopping Stone Drop-in Center Association Vendor # 157967			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 209,790.00
2018	Contracts for Prog Svs	102-500731	\$ 209,790.00
Subtotal			\$ 419,580.00
Lakes Region Consumer Advisory Board Vendor # 157060			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 188,183.00
2018	Contracts for Prog Svs	102-500731	\$ 188,183.00
Subtotal			\$ 376,366.00
Monadnock Area Peer Support Agency Vendor # 157973			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 146,449.00
2018	Contracts for Prog Svs	102-500731	\$ 146,449.00
Subtotal			\$ 292,898.00
H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI Vendor # 209287			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 211,860.00
2018	Contracts for Prog Svs	102-500731	\$ 211,860.00
Subtotal			\$ 423,720.00

Financial Detail

On the Road to Recovery, Inc. Vendor # 158839			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 245,562.00
2018	Contracts for Prog Svs	102-500731	\$ 245,562.00
Subtotal			\$ 491,124.00

Connections Peer Support Center Vendor # 157070			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 135,751.00
2018	Contracts for Prog Svs	102-500731	\$ 135,751.00
Subtotal			\$ 271,502.00

Tri-City Consumers' Action Co-operative Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 102,362.00
2018	Contracts for Prog Svs	102-500731	\$ 102,362.00
Subtotal			\$ 204,724.00
SUB TOTAL			\$ 3,060,222.00

05-95-92-920010-7011 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: BEHAVIORAL HEALTH DIV
 OF, DIV OF BEHAVIORAL HEALTH, PEER SUPPORT SERVICES
 100% General Funds
 Activity Code: 92207011

The Alternative Life Center Vendor # 088901			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 233,122.00
2018	Contracts for Prog Svs	102-500731	\$ 233,122.00
Subtotal			\$ 466,244.00

The Stepping Stone Drop-In Center Association Vendor # 157967			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 168,555.00
2018	Contracts for Prog Svs	102-500731	\$ 168,555.00
Subtotal			\$ 337,110.00

Financial Detail

Lakes Region Consumer Advisory Board			
Vendor # 157060			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 151,196.00
2018	Contracts for Prog Svs	102-500731	\$ 151,196.00
Subtotal			\$ 302,392.00
Monadnock Area Peer Support Agency			
Vendor # 157973			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 117,665.00
2018	Contracts for Prog Svs	102-500731	\$ 117,665.00
Subtotal			\$ 235,330.00
H.E.A.R.T.S. Peer Support Center of Greater Nashua Region VI			
Vendor # 209287			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 170,218.00
2018	Contracts for Prog Svs	102-500731	\$ 170,218.00
Subtotal			\$ 340,436.00
On the Road to Recovery, Inc.			
Vendor # 158839			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 197,296.00
2018	Contracts for Prog Svs	102-500731	\$ 197,296.00
Subtotal			\$ 394,592.00
Connections Peer Support Center			
Vendor # 157070			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 109,071.00
2018	Contracts for Prog Svs	102-500731	\$ 109,071.00
Subtotal			\$ 218,142.00
Tri-City Consumers' Action Co-operative			
Vendor # 157797			
State Fiscal Year	Class Title	Class Account	Current Budget
2017	Contracts for Prog Svs	102-500731	\$ 82,245.00
2018	Contracts for Prog Svs	102-500731	\$ 82,245.00
Subtotal			\$ 164,490.00
SUB TOTAL			\$ 2,458,738.00
TOTAL			\$ 5,518,958.00