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

Lori A. Weaver  
Interim Commissioner

Patricia M. Tilley  
Director

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

January 6, 2023

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend an existing contract with Institute for Environmental Education, Inc. (VC#162007), Wilmington, MA, to continue statewide lead risk assessments and lead educational services, by exercising a contract renewal option by increasing the price limitation by \$270,000 from \$270,000 to \$540,000 and extending the completion date from June 30, 2023 to June 30, 2026, effective upon Governor and Council approval. 100% General Funds.

The original contract was approved by Governor and Council on November 18, 2020, item #29 and most recently amended with Governor and Council approval on May 19, 2021, item #5A.

Funds are available in the following account for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Years 2024, 2025 and 2026, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

**05-95-090-901510-79640000 HEALTH & SOCIAL SERVICES, DEPT. OF HEALTH & HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH SERVICES, BUREAU OF HEALTH PROTECTION, LEAD PREVENTION, 100% GF**

| State Fiscal Year | Class / Account | Class Title            | Job Number   | Current Budget   | Increased (Decreased) Amount | Revised Budget   |
|-------------------|-----------------|------------------------|--------------|------------------|------------------------------|------------------|
| 2021              | 102-500731      | Contracts for Prog Svc | 90038010     | \$90,000         | \$0                          | \$90,000         |
| 2022              | 102-500731      | Contracts for Prog Svc | 90038010     | \$90,000         | \$0                          | \$90,000         |
| 2023              | 102-500731      | Contracts for Prog Svc | 90038010     | \$90,000         | \$0                          | \$90,000         |
| 2024              | 102-500731      | Contracts for Prog Svc | 90038010     | \$0              | \$90,000                     | \$90,000         |
| 2025              | 102-500731      | Contracts for Prog Svc | 90038010     | \$0              | \$90,000                     | \$90,000         |
| 2026              | 102-500731      | Contracts for Prog Svc | 90038010     | \$0              | \$90,000                     | \$90,000         |
|                   |                 |                        | <b>Total</b> | <b>\$270,000</b> | <b>\$270,000</b>             | <b>\$540,000</b> |

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
Page 2 of 2

### EXPLANATION

The purpose of this request is for the Contractor to continue providing statewide lead hazard screenings and educational services to families with a child 72 months or younger with an elevated blood lead level equal to, or greater than, 5.0 micrograms per deciliter (ug/dL) residing in an owner-occupied home built prior to 1978.

The Contractor will continue to provide lead hazard screening using a direct reading instrument to identify lead hazards that exist in the home and yard. If lead hazards are identified, the Contractor will educate the family on how to live and renovate safely with these hazards, and provide a HEPA vacuum, cleaning supplies, plastic guards, baby gates, or banister guards. The Contractor will also connect the family with resources that include lead safety training and free HUD grant funding to remove hazards.

Approximately 180 individuals who are permanent or seasonal residents of the State of New Hampshire, that own a residence that was built prior to 1978 and have a child in the home with a blood level equal to or over 5.0ug/dL qualify for lead risk assessment and will be served during State Fiscal Years 2023, 2024, 2025 and 2026.. All property owners who qualify will receive a Certificate of Eligibility from the Department. The Department will provide the Contractor with the contact information to coordinate with the eligible property owners to complete the lead risk assessment of their property. Upon completing the assessment, the Contractor will provide a detailed written report of the assessment results to the property owner as well as lead education. Additionally, the property owners will be provided with a High Efficiency Particulate Air vacuum cleaner or other materials, as need to assist with decreasing exposure to lead hazards.

The Department will monitor contracted services using the following performance measures:

- 100% of the families referred to the Contractor for services are contacted within one (1) week.
- 100% of the families' identified with lead hazards receive information on free HUD Lead Hazard Control grant funding.
- 100% of the families referred to the Contractor receive a lead hazard screening.

As referenced in Exhibit A of the original agreement, the parties have the option to extend the agreement for up to three (3) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for three (3) of the three (3) years available.

Should the Governor and Council not authorize this request, the Contractor will not be able to serve additional families throughout the State who live in homes with lead hazards and have young children who have elevated blood lead levels.

Area served: Statewide.

Respectfully submitted,



 Lori A. Weaver  
Interim Commissioner

**State of New Hampshire  
Department of Health and Human Services  
Amendment #2**

This Amendment to the Lead Risk Assessment Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Institute for Environmental Education, Inc., ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on November 18, 2020, (Item 29), as amended on May 19, 2021, (Item 5A), 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, pursuant to Form P-37, General Provisions, Paragraph 17, and Exhibit A, the Contract may be amended 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, or 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, 2026.
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:  
\$540,000.
3. Form P-37, General Provisions, Block 1.9, Contracting Officer for State Agency, to read:  
Robert W. Moore, Director.
4. Modify Exhibit B – Amendment #1, Scope of Services, Subsection 1.8.2, to read:  
1.8.2 Educating and referring the owners regarding the applicable HUD Lead Hazard Reduction grant program;
5. Modify Exhibit B - Amendment #1, Scope of Services, Subsection 1.9.3, to read:  
1.9.3 Inform the owner of the mechanism for the property owner to provide feedback upon completion of services relative to services provided.
6. Modify Exhibit B – Amendment #1, Scope of Services, Section 1.10, to read:  
1.10 Reserved.
7. Modify Exhibit C – Amendment #1, Payment Terms, Section 3 through Subsection 3.2, to read:
  3. Payment shall be for services provided in the fulfillment of this Agreement, as specified in Exhibit B – Amendment #1, Scope of Work, and shall be reimbursed for services rendered and sample supplies in accordance with the Sample Supplies Table below:

3.1. Sample Supplies Table

| Dust Wipes<br>(per sample) | Soil Test<br>(per sample) | Water Test<br>(per sample) | Lead Hazard<br>Screening<br>(per hour) |
|----------------------------|---------------------------|----------------------------|--|
| \$20                       | \$30                      | \$0                        | \$125                                  |

3.2 The Contractor shall be reimbursed for additional cost for the Lead Hazard Screenings, which consists of the following:

| <b>Mileage</b><br>(per mile)       | <b>Supplies plus shipping</b><br>(per property) |
|------------------------------------|---|
| Federal mileage reimbursement rate | Up to \$500 per property                        |

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon Governor and 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

1/13/2023

Date

DocuSigned by:

Patricia M. Tilley

Name: Patricia M. Tilley

Title: director

Institute for Environmental Education, Inc.

1/12/2023

Date

DocuSigned by:  
Martin Wood

Name: Martin wood

Title: president

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

OFFICE OF THE ATTORNEY GENERAL

1/13/2023

Date

DocuSigned by:  
*Robyn Guarino*  
7407340644041460  
Name: Robyn Guarino  
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:  
Title:

# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that INSTITUTE FOR ENVIRONMENTAL EDUCATION, INC. is a Massachusetts Profit Corporation registered to transact business in New Hampshire on May 15, 2007. 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: 577772

Certificate Number: 0006078389



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 January A.D. 2023.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State

### CERTIFICATE OF AUTHORITY

I, Lori Wood, 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 Institute for Environmental Education, Inc.  
(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 January 11, 2023, at which a quorum of the Directors/shareholders were present and voting.  
(Date)

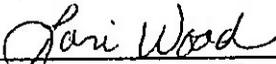
**VOTED:** That Martin Wood, President (may list more than one person)  
(Name and Title of Contract Signatory)

is duly authorized on behalf of Institute for Environmental Education, Inc 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: 1/11/2023

  
\_\_\_\_\_  
Signature of Elected Officer  
Name: Lori Wood  
Title: Clerk



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/11/2023

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).

| <b>PRODUCER</b> License # 1780862<br>HUB International New England<br>600 Longwater Drive<br>Norwell, MA 02061-9146   | <b>CONTACT</b> Michelle Wolf<br>NAME:<br>PHONE (A/C, No, Ext): (508) 888-2183 FAX (A/C, No):<br>E-MAIL ADDRESS: michelle.wolf@hubinternational.com   |                               |        |   |       |             |  |             |  |             |  |             |  |             |  |
|---|--|-------------------------------|--------|---|-------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br>Institute for Environmental Education Inc.<br>Martin Wood<br>16 Upton Drive<br>Wilmington, MA 01887 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Westchester Surplus Lines Insurance Co.</td> <td style="text-align: center;">10172</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Westchester Surplus Lines Insurance Co. | 10172 | INSURER B : |  | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC #   |                               |        |   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER A : Westchester Surplus Lines Insurance Co.   | 10172  |                               |        |   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER B :   |  |                               |        |   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER C :   |  |                               |        |   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER D :   |  |                               |        |   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER E :   |  |                               |        |   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER F :   |  |                               |        |   |       |             |  |             |  |             |  |             |  |             |  |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |           |          | G27594098008  | 5/1/2022                | 5/1/2023                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPOP AGG \$ 2,000,000<br>PROFESSIONAL LIA \$ 1,000,000 |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | G27594098008  | 5/1/2022                | 5/1/2023                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$  |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |               |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A        | General Liability   |           |          | G27594098008  | 5/1/2022                | 5/1/2023                | E & O 1,000,000  |
| A        | Pollution Liability   |           |          | G27594098008  | 5/1/2022                | 5/1/2023                | Pollution 1,000,000  |

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

**CERTIFICATE HOLDER**

**CANCELLATION**

|   |   |
|---|---|
| State of NH<br>Department of Health and Human Services<br>129 Pleasant Street<br>Concord, NH 03301-3857 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/11/2023

**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).**

| <b>PRODUCER</b><br>HUB INTERNATIONAL NEW ENGLAND LLC<br><br>600 LONGWATER DRIVE<br>NORWELL MA 02061   | <b>CONTACT NAME:</b> Cheryl Woodside<br><b>PHONE (A/C No, Ext):</b> (978) 661-6678 <b>FAX (A/C No):</b><br><b>E-MAIL ADDRESS:</b> cheryl.woodside@hubinternational.com   |                               |  |        |                                    |  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
|---|--|-------------------------------|--|--------|------------------------------------|--|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| <b>INSURED</b><br>INSTITUTE FOR ENVIRONMENTAL EDUCATION INC<br><br>16 UPTON DR<br>WILMINGTON MA 01887 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 80%;">INSURER A: CONTINENTAL CASUALTY CO</td> <td></td> <td style="text-align: center;">20443</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A: CONTINENTAL CASUALTY CO |  | 20443 | INSURER B: |  |  | INSURER C: |  |  | INSURER D: |  |  | INSURER E: |  |  | INSURER F: |  |  |
| INSURER(S) AFFORDING COVERAGE   |  | NAIC #                        |  |        |                                    |  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER A: CONTINENTAL CASUALTY CO  |  | 20443                         |  |        |                                    |  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER B:  |  |                               |  |        |                                    |  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER C:  |  |                               |  |        |                                    |  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER D:  |  |                               |  |        |                                    |  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER E:  |  |                               |  |        |                                    |  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER F:  |  |                               |  |        |                                    |  |       |            |  |  |            |  |  |            |  |  |            |  |  |            |  |  |

**COVERAGES** **CERTIFICATE NUMBER: 851353** **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  |  |
|----------|--|------------|----------|---------------|-------------------------|-------------------------|---|--|
|          | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | N/A           |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COM/OP AGG \$<br>\$ |  |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY  |            |          | N/A           |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                   |  |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |            |          | N/A           |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |  |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N/A | N/A      | N/A           | 6S59UB2E34022522        | 08/30/2022              | 08/30/2023  | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000 |
|          |  |            |          | N/A           |                         |                         |   |  |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Workers' Compensation benefits will be paid to Massachusetts employees only. Pursuant to Endorsement WC 20 03 06 B, no authorization is given to pay claims for benefits to employees in states other than Massachusetts if the insured hires, or has hired those employees outside of Massachusetts.

This certificate of insurance shows the policy in force on the date that this certificate was issued (unless the expiration date on the above policy precedes the issue date of this certificate of insurance). The status of this coverage can be monitored daily by accessing the Proof of Coverage - Coverage Verification Search tool at [www.mass.gov/twd/workers-compensation/investigations/](http://www.mass.gov/twd/workers-compensation/investigations/).

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>State of NH Department of Health and Human Services<br>129 Pleasant Street<br><br>Concord NH 03301 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br>Daniel M. Crowley, CPCU, Vice President - Residual Market - WCRIBMA |
|---|---|



Lori A. Shilbnette  
Commissioner

Lisa M. Morris  
Director

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

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

April 19, 2021

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend an existing contract with Institute for Environmental Education, Inc. (VC#162007), Wilmington, MA for statewide lead risk assessments and lead educational services, with no change to the price limitation of \$270,000 and no change to the contract completion date of June 30, 2023, effective upon Governor and Council approval. 100% General Funds.

The original contract was approved by Governor and Council on November 18, 2020, item #29.

Funds are available in the following account for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Years 2022 and 2023, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

**05-95-090-901510-7984000 HEALTH & SOCIAL SERVICES, DEPT. OF HEALTH & HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH SERVICES, BUREAU OF HEALTH PROTECTION, LEAD PREVENTION**

| State Fiscal Year | Class / Account | Class Title            | Job Number   | Current Budget   | Increased (Decreased) Amount | Revised Budget   |
|-------------------|-----------------|------------------------|--------------|------------------|------------------------------|------------------|
| 2021              | 102-500731      | Contracts for Prog Svc | 90038010     | \$90,000         | \$0                          | \$90,000         |
| 2022              | 102-500731      | Contracts for Prog Svc | 90038010     | \$90,000         | \$0                          | \$90,000         |
| 2023              | 102-500731      | Contracts for Prog Svc | 90038010     | \$90,000         | \$0                          | \$90,000         |
|                   |                 |                        | <b>Total</b> | <b>\$270,000</b> | <b>\$0</b>                   | <b>\$270,000</b> |

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
Page 2 of 2

### EXPLANATION

The purpose of this request is to revise the scope of services to allow the Contractor to assist 105 additional New Hampshire families with no change to the price limitation.

Families that own a home built before 1978 and have a child 72 months or younger with an elevated blood lead 5 ug/dL or higher require a lead hazard screening of the residence and education on the dangers of lead. The Contractor was previously completing a full lead risk assessment, the Department identified more families are able to be served with lead hazard screenings. During a lead hazard screening the Contractor collects less samples than through the full lead risk assessment. In a lead hazard screening the Contractor is still able to obtain paint condition and identify the risk of exposure to children. The lead hazard screenings provide families with young children with elevated blood lead levels the resources they need to eliminate/reduce the source of the lead poisoning in their home or yard. As a result, the Department anticipates more families will be able to identify lead hazards in their home and yard, understand where to access free HUD funding to remove the hazards, or have access to the necessary lead safe work practice training to remove the hazards themselves.

Between June 1, 2021 to June 30, 2023, the Contractor will serve an estimated 180 families across the State that have children 72 months or younger with an elevated blood lead 5 ug/dL or higher.

The Contractor will provide a lead hazard screening using a direct reading instrument, soil samples and dust wipes to identify lead hazards that exist in the home and yard. If lead hazards are identified, the Contractor will educate the family on how to live and renovate safely with these hazards, and provide a HEPA vacuum, cleaning supplies, plastic guards, baby gates, or bannister guards. The Contractor will also connect the family with resources that include lead safety training and free HUD grant funding to remove hazards.

The Department will monitor contracted services using the following performance measures:

- 100% of families referred to the Contractor for services are contacted within 1 week.
- 100% of the families identified with lead hazards receive information on free HUD Lead Hazard Control grant funding.
- 100% of families referred to the vendor receive a lead hazard screening.

Should the Governor and Council not authorize this request, the Contractor will not be able to serve additional families throughout the State who live in homes with lead hazards and have young children who have elevated blood lead levels.

Area served: Statewide

Respectfully submitted,



Lori A. Shibinette  
Commissioner

**State of New Hampshire  
Department of Health and Human Services  
Amendment #1**

This Amendment to the Lead Risk Assessment Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Institute for Environmental Education, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on November 18, 2020, (Item # 29), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract) and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, the Contract may be amended 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, or 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. Modify Exhibit B, Scope of Services by replacing in its entirety with Exhibit B Amendment #1, Scope of Services, which is attached hereto and incorporated by reference herein.
2. Modify Exhibit C, Payment Terms by replacing in its entirety with Exhibit C Amendment #1, Payment Terms, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment 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

4/14/2021

Date

DocuSigned by:

*Lisa M. Morris*

093808F80C454A0  
LISA M. MORRIS

Name:

Title: Director, Division of Public Health Svcs.

Institute for Environmental Education, Inc.

4/14/2021

Date

DocuSigned by:

*Martin Wood*

5E8808B71A8843M...

Name: Martin wood

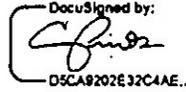
Title: President

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

OFFICE OF THE ATTORNEY GENERAL

4/16/2021

Date

DocuSigned by:  
  
DSCA9202E32C4AE...

Name: Catherine Pinos

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services  
**EXHIBIT B – Amendment #1**



Scope of Services

**1. Statement of Work**

- 1.1. The Contractor shall maintain all applicable licenses as required by the State of New Hampshire.
- 1.2. For the purposes of this agreement, all references to days shall mean business days.
- 1.3. For the purposes of this agreement, all references to business hours shall mean Monday through Friday from 8:00 am to 5:00 pm EST, excluding state and federal holidays.
- 1.4. The Contractor shall provide statewide lead hazard screenings and education to families when a child with a blood lead level equal to or over 5.0ug/dL resides in an owner-occupied home. The Contractor shall:
  - 1.4.1. Coordinate with the property owners to complete a lead hazard screening of their property if the property was built prior to 1978.
  - 1.4.2. Provide education to property owners on lead, potential sources of lead exposure, the Renovation, Repair, and Painting (RRP) Rule, the disclosure rule, and funding available to address lead exposure hazards.
  - 1.4.3. Coordinate and provide services, resources, and materials to assist with educating property owners on potential sources of lead exposure in order to reduce lead exposure hazards for the child.
- 1.5. The Contractor shall ensure services include:
  - 1.5.1. Coordinating with property owners to have a lead hazard screening performed on their home;
  - 1.5.2. Conducting lead hazard screenings of pre-1978 owner-occupied homes and providing a detailed written report of the results to the property owners;
  - 1.5.3. Providing lead education to property owners and assisting property owners with completing a Housing and Urban Development (HUD) Lead Hazard Reduction grant application, as applicable;
  - 1.5.4. Providing property owners with a High Efficiency Particulate Air (HEPA) vacuum cleaner or other materials, when needed to assist with decreasing a child's exposure to lead hazards; and
  - 1.5.5. Providing reports to the Division of Public Health Services, Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) to evaluate the effectiveness of the contract services.
- 1.6. The Contractor shall coordinate lead hazard screenings of pre-1978 Homes, which includes:

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**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT B – Amendment #1**

- 1.6.1. Coordinating and scheduling a lead hazard screening with property owners within one week of the property owner's initial contact.
  - 1.6.2. Ensuring eligibility of the property for lead hazard screening services during the initial contact to confirm properties:
    - 1.6.2.1. Are owner-occupied.
    - 1.6.2.2. Were built prior to 1978.
    - 1.6.2.3. Have received a voucher from the HHLPPP.
  - 1.6.3. Securing and maintaining contact information for the property owner including name, address, phone number, and email address.
  - 1.6.4. Confirming ownership status and the age of the building as available through town assessment websites or the Registry of Deeds.
  - 1.6.5. Sending an email to the property owner detailing the confirmed date, time, and location of the lead hazard screening.
  - 1.6.6. Performing lead hazard screenings within 30 days of initial contact, or as scheduled to accommodate the property owner's schedule.
  - 1.6.7. Providing monthly updates to the HHLPPP on lead hazard screenings scheduled and performed.
- 1.7. The Contractor shall conduct lead hazard screenings of pre-1978 owner-occupied homes, which include:
- 1.7.1. Employing or contracting the services of at least one lead risk assessor licensed in accordance with New Hampshire Administrative Rule He-P 1600, Lead Poisoning Prevention and Control Rules (He-P 1600);
  - 1.7.2. Providing proof of licensure for the Lead Risk Assessor and ensuring licensure is maintained throughout the resulting contract period;
  - 1.7.3. Providing a lead inspector or risk assessor licensed in accordance with New Hampshire Administrative Rule He-P 1600, Lead Poisoning Prevention and Control Rules to perform all lead testing and sample collection;
  - 1.7.4. Conducting all lead testing and sample collection in accordance with the requirements of He-P 1600, which shall include but is not limited to:
    - 1.7.4.1. Walking the site.
    - 1.7.4.2. Drawing a floor plan for the property.
    - 1.7.4.3. Filling out the US Housing and Urban Development (HUD) questionnaire with resident.

New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services



**EXHIBIT B – Amendment #1**

- 1.7.4.4. Calibrating the X-Ray Fluorescent (XRF).
- 1.7.4.5. Choosing 2-3 representative rooms where children spend most of their time to complete lead testing, such as living room, play room, and/or bedroom.
- 1.7.4.6. Selecting testing combinations, locations, and surface of where to test with the XRF.
- 1.7.4.7. Testing surfaces with the XRF.
- 1.7.4.8. Classifying the paint condition of the leaded surfaces on the report pages.
- 1.7.4.9. Testing 10-20 additional representative components that are lead hazards, concentrating on those with loose and deteriorated paint in other rooms.
- 1.7.4.10. Post calibrating the XRF.
- 1.7.4.11. Collecting 5-6 floor dust wipe samples in the following locations:
  - 1.7.4.11.1. Principal entryway of the dwelling that has direct access to the outside;
  - 1.7.4.11.2. Principal play area of young children or the living room;
  - 1.7.4.11.3. Kitchen or other room where a child is most likely to be exposed to dust hazards;
  - 1.7.4.11.4. Bedroom of the youngest child; and
  - 1.7.4.11.5. Bedroom of the next oldest child.
- 1.7.4.12. Evaluating and collecting soil samples from 2-3 areas of bare soil in play areas, yard and driplines.
- 1.7.4.13. Discussing results with the resident and extrapolating what the lead results might be on surfaces that were not tested.
- 1.7.4.14. Providing each family with an electronic link to an evaluation survey to provide feedback on the quality and value of the services provided.
- 1.7.4.15. Documenting and providing all findings in reports to property owners. The Contractor shall ensure the reports are written in accordance with He-P 1600 and are provided within 2 weeks of:
  - 1.7.4.15.1. Completing the on-site inspection; and

New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services



**EXHIBIT B – Amendment #1**

- 1.7.4.15.2. Receiving results of all environmental samples analyzed.
- 1.8. The Contractor shall provide lead education to property owners, which includes:
- 1.8.1. Providing educational links to property owners during initial contact that include, but are not limited to:
    - 1.8.1.1. The NH HHLPPP's website;
    - 1.8.1.2. The Environmental Protection Agency (EPA) website;
    - 1.8.1.3. The EPA/HUD real estate disclosure rule;
    - 1.8.1.4. The link for applications to the applicable HUD grant program;
  - 1.8.2. Assisting property owners with completing a HUD Lead Hazard Reduction grant application, as appropriate;
  - 1.8.3. Extending an invitation to property owners following the on-site lead hazard screening to attend further training that includes information for the next property owner education session provided by the HHLPPP and RRP training; and
  - 1.8.4. Ensuring the lead risk assessor provides education to the property owner on immediate temporary measures that can be taken to reduce a child's exposure to lead, including:
    - 1.8.4.1. Lead-safe cleaning with a HEPA vacuum; and
    - 1.8.4.2. Methods to restrict access to the lead exposure hazards.
- 1.9. The Contractor shall provide materials to property owners, which include:
- 1.9.1. Evaluation of the family's need for materials to assist them in reducing a child's exposure to lead, which may include but are not limited to:
    - 1.9.1.1. HEPA vacuums.
    - 1.9.1.2. Cleaning materials.
    - 1.9.1.3. Duct-tape.
    - 1.9.1.4. Contact paper.
    - 1.9.1.5. Plastic guards.
    - 1.9.1.6. Baby gates.
    - 1.9.1.7. Banister guards.
    - 1.9.1.8. Door stops.
    - 1.9.1.9. Window stops.

**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services  
EXHIBIT B – Amendment #1**



- 1.9.1.10. Cabinet locks.
- 1.9.1.11. Shoe trays.
- 1.9.1.12. Area rugs.
- 1.9.1.13. Anything that assists with preventing a child from accessing lead based paint that is deteriorated, on a chewable surface, or friction/impact surface, or contaminated bare soil.
- 1.9.2. Up to \$500.00 in materials to each property owner at the time of, or within 2 weeks of, the lead hazard screening, ensuring a HEPA vacuum is provided as appropriate, to reduce a child's immediate access to lead exposure hazards.
- 1.9.3. Provide a mechanism for the property owner to provide feedback upon completion of services relative to services provided.
- 1.10. The Contractor shall provide results of all property owner feedback to the HHLPPP on a quarterly basis.
- 1.11. The Contractor shall provide results of the lead hazard screening to the property owner and HHLPPP via email within ten (10) business days following completion of the lead hazard screening and receipt of the laboratory results. The Contractor shall ensure results include, but are not limited to:
  - 1.11.1. Executive Summary.
  - 1.11.2. Site Description.
  - 1.11.3. Property Owner.
  - 1.11.4. Survey Personnel.
  - 1.11.5. Testing Methodology.
  - 1.11.6. XRF Testing Results and Lead Paint Hazards- XRF Calibration.
  - 1.11.7. Soil Sampling Results and Lead Soil Hazards.
  - 1.11.8. Dust Sampling Results and Lead Dust Hazards.
  - 1.11.9. Recommendations.
  - 1.11.10. New Hampshire Lead-Safe Requirements.
  - 1.11.11. Lead Inspection Protocols.
  - 1.11.12. Laboratory Analytical Results accredited for the analysis of paint, dust and soil samples.
  - 1.11.13. Field Report.
- 1.12. The Contractor shall ensure reports include a statement regarding the property owner's responsibility of disclosure.

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**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT B – Amendment #1**

- 1.13. The Contractor shall schedule a post-report delivery telephone call with the property owner and HHLPPP, if applicable, to review:
  - 1.13.1. Key aspects of the report.
  - 1.13.2. Materials (HEPA Vac, etc) that will fit the property owners needs based upon the lead hazard screening.
  - 1.13.3. Questions with recommendations.
  - 1.13.4. Guidance in contacting the appropriate intake person with applicable HUD Grant.
  - 1.13.5. Recommended monitoring and follow up inspections.
  - 1.13.6. Questions regarding the lead hazard screening and abatement options when requested.
  - 1.13.7. Any other issues or questions that the property owner may have about the report or process to address lead exposure hazards.

**2. Exhibits Incorporated**

- 2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.
- 2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

**3. Reporting Requirements**

- 3.1. The Contractor shall provide quarterly reports 15 days after the end of each quarter ensuring information includes, but is not limited to:
  - 3.1.1. Number and locations of lead hazard screenings conducted.
  - 3.1.2. Timeliness of services provided.
  - 3.1.3. Materials provided to property owners.
  - 3.1.4. All feedback provided by property owners.
- 3.2. The Contractor shall complete an annual year-end self-evaluation and improvement plan for the following areas:
  - 3.2.1. Strategies that worked well in the areas of:
    - 3.2.1.1. Communication;
    - 3.2.1.2. Logistics;

New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services



**EXHIBIT B – Amendment #1**

- 3.2.1.3. Planning;
- 3.2.1.4. Coordination;
- 3.2.1.5. Education; and
- 3.2.1.6. Materials;
- 3.2.2. Areas for improvement with emphasis on strategies for overcoming areas in need of improvement in the future;
- 3.2.3. Future strategies and plans for increasing capacity and interest in services provided, including suggestions on how state-level resources may aid in this effort.

**4. Additional Terms**

**4.1. Impacts Resulting from Court Orders or Legislative Changes**

- 4.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

**4.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services**

- 4.2.1. The Contractor shall submit, within ten (10) days of the contract effective date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

**4.3. Credits and Copyright Ownership**

- 4.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement, "The preparation of this (report, document etc:) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."
- 4.3.2. All materials produced or purchased under the contract shall have prior approval from the Department before printing, production, distribution or use.

New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services



**EXHIBIT B – Amendment #1**

- 4.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:
  - 4.3.3.1. Brochures.
  - 4.3.3.2. Resource directories.
  - 4.3.3.3. Protocols or guidelines.
  - 4.3.3.4. Posters.
  - 4.3.3.5. Reports.
- 4.3.4. The Contractor shall not reproduce any materials produced under the contract without prior written approval from the Department.

**5. Records**

- 5.1. The Contractor shall keep records that include, but are not limited to:
  - 5.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
  - 5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 5.2. During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if, upon review of the Final Expenditure Report the Department shall disallow any expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services



EXHIBIT C – Amendment # 1

Payment Terms

1. This Agreement is funded by 100% General Funds.
2. For the purposes of this Agreement:
  - 2.1. The Department has identified the Contractor as a Contractor, in accordance with 2 CFR 200.331.
3. Payment for said services shall be made as follows:
  - 3.1. The Contractor shall be reimbursed for services rendered and sample supplies as follows:

| Dust Wipes (per sample) | Soil Test (per sample) | Water Test (per sample) | Lead hazard screenings (per hour) |
|-------------------------|------------------------|-------------------------|-----------------------------------|
| \$ 20                   | \$ 30                  | \$ 0                    | \$ 100                            |

- 3.2. The Contractor shall be reimbursed for additional cost for the lead hazard screenings, which consist of the following:

|                                    |                                       |
|------------------------------------|---------------------------------------|
| Mileage per mile                   | Supplies plus shipping (per property) |
| Federal mileage reimbursement rate | Up to \$500 per property              |

4. The Contractor shall submit an invoice in a form satisfactory to the Department by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment.
5. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to [DPHSContractBilling@dhhs.nh.gov](mailto:DPHSContractBilling@dhhs.nh.gov), or invoices may be mailed to:

Financial Manager  
 Department of Health and Human Services  
 129 Pleasant Street  
 Concord, NH 03301

6. The Department shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and

New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services



**EXHIBIT C – Amendment # 1**

- if sufficient funds are available, subject to Paragraph 4 of the General Provisions Form Number P-37 of this Agreement.
7. The final invoice shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
  8. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.
  9. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B, Scope of Services.
  10. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
  11. Notwithstanding Paragraph 17 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. Audits
    - 12.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
      - 12.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
      - 12.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
      - 12.1.3. Condition-C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
    - 12.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part

DS  
MLW

**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT C – Amendment # 1**

200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

- 12.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 12.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
- 12.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

DS  
MW

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

Lori A. Sblloette  
Commissioner

Lisa M. Morris  
Director

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

October 12, 2020

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

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a contract with Institute for Environmental Education, Inc. (VC#162007), Wilmington, MA in the amount of \$270,000 for statewide lead risk assessments and lead educational services, with the option to renew for up to three (3) additional years, effective upon Governor and Council approval through June 30, 2023. 100% General Funds.

Funds are available in the following account for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Years 2022 and 2023, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-090-901510-7964000 HEALTH & SOCIAL SERVICES, DEPT. OF HEALTH & HUMAN SERVICES, HHS: DIVISION OF PUBLIC HEALTH SERVICES, BUREAU OF HEALTH PROTECTION, LEAD PREVENTION

| State Fiscal Year | Class / Account | Class Title            | Job Number   | Total Amount     |
|-------------------|-----------------|------------------------|--------------|------------------|
| 2021              | 102-500731      | Contracts for Prog Svc | 90038010     | \$90,000         |
| 2022              | 102-500731      | Contracts for Prog Svc | 90038010     | \$90,000         |
| 2023              | 102-500731      | Contracts for Prog Svc | 90038010     | \$90,000         |
|                   |                 |                        | <b>Total</b> | <b>\$270,000</b> |

**EXPLANATION**

The purpose of this request is for statewide lead risk assessments and lead educational services for families where a child with a blood lead level equal to, or greater than, 5.0ug/dL resides in an owner-occupied home.

Individuals who are permanent or seasonal residents of the State of New Hampshire, that own a residence that was built prior to 1978 and have a child in the home with a blood lead level equal to or over 5.0ug/dL qualify for the lead risk assessment. All property owners who qualify will receive a Certificate of Eligibility from the Department. Approximately 72 properties will be inspected from October 21, 2020 to June 30, 2023.

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
Page 2 of 2

If a property owner meets the requirements, as outlined above, for the lead risk assessment, the Department will provide them the Contractor's contact information. The Contractor will coordinate with the property owners to complete a lead risk assessment of their property. Upon completing the assessment, the Contractor will provide a detailed written report of the assessment results to the property owner as well as lead education. The Contractor will also assist property owners with completing Housing and Urban Development (HUD) Lead Hazard Reduction grant applications. Additionally, the property owners will be provided with a High Efficiency Particulate Air (HEPA) vacuum cleaner or other materials, as needed to assist with decreasing exposure to lead hazards.

The Department will review all lead inspections and risk assessments and receive quarterly reports to:

- Ensure timeliness of services provided.
- Confirm materials provided to property owners.
- Review all feedback provided by property owners.

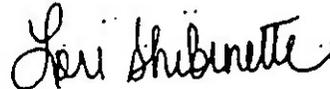
The Department selected the Contractor through a competitive bid process using a Request for Bids (RFB) that was posted on the Department's website from 8/18/2020 through 9/17/2020. The Department received one (1) response that was reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A of the attached contract, the parties have the option to extend the agreement for up to three (3) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request, property owners with a child in the home with a blood lead level equal to, or greater than, 5.0ug/dL may not have the ability to identify where the lead hazards are in their homes. The property owner may not have access to a no cost, full lead inspection and risk assessment and materials needed to assist with decreasing a child's exposure to lead hazards.

Area served: Statewide

Respectfully submitted,



Lori A. Shibinette  
Commissioner



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

Lead Risk Assessment Services  
RFA Name

RFB-2021-OPHS-02-LEADR  
RFA Number

Bidder Name

Institute for Environmental Education, Inc.

| Item/Task  | Bid Price |
|------------|-----------|
| Assessment | \$2,100   |

Subject: Lead Risk Assessment Services (RFB-2021-DPHS-02-LEADR-01)

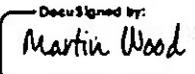
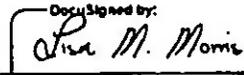
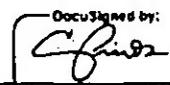
**Notice:** This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

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

**GENERAL PROVISIONS**

**I. IDENTIFICATION.**

|  |  |  |  |
|--|--|--|--|
| <b>1.1 State Agency Name</b><br>New Hampshire Department of Health and Human Services  |  | <b>1.2 State Agency Address</b><br>129 Pleasant Street<br>Concord, NH 03301-3857                                       |  |
| <b>1.3 Contractor Name</b><br>Institute for Environmental Education, Inc.  |  | <b>1.4 Contractor Address</b><br>16 Upton Drive<br>Wilmington, MA 01887  |  |
| <b>1.5 Contractor Phone Number</b><br>(978) 658-5272   | <b>1.6 Account Number</b><br>05-095-090-901510-7964000 | <b>1.7 Completion Date</b><br>June 30, 2023  | <b>1.8 Price Limitation</b><br>\$270,000 |
| <b>1.9 Contracting Officer for State Agency</b><br>Nathan D. White, Director   |  | <b>1.10 State Agency Telephone Number</b><br>(603) 271-9631  |  |
| <b>1.11 Contractor Signature</b><br>DocuSigned by:<br> Date: 10/13/2020   |  | <b>1.12 Name and Title of Contractor Signatory</b><br>Martin wood                      President                       |  |
| <b>1.13 State Agency Signature</b><br>DocuSigned by:<br> Date: 10/14/2020   |  | <b>1.14 Name and Title of State Agency Signatory</b><br>Lisa M. Morris                      Director, Division of Publ |  |
| <b>1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable)</b><br>By: _____ Director, On: _____  |  |  |  |
| <b>1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable)</b><br>By:  On: 10/19/2020 |  |  |  |
| <b>1.17 Approval by the Governor and Executive Council (if applicable)</b><br>G&C Item number: _____ G&C Meeting Date: _____   |  |  |  |

  
 Contractor Initials  
 Date 10/13/2020

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

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

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

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

**4. CONDITIONAL NATURE OF AGREEMENT.**

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

**5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.**

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

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

compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

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

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

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

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

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

6.3 The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**

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

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

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

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**8. EVENT OF DEFAULT/REMEDIES.**

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

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

**9. TERMINATION.**

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

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

submit to the State a Transition Plan for services under the Agreement.

**10. DATA/ACCESS/CONFIDENTIALITY/PRESERVATION:**

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

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

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

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

**12. ASSIGNMENT/DELEGATION/SUBCONTRACTS:**

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

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

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

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

#### 14. INSURANCE.

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

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

14.1.2 special cause of loss coverage form covering all property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the property.

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

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

#### 15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services



EXHIBIT A

**REVISIONS TO STANDARD CONTRACT PROVISIONS**

**1. Revisions to Form P-37, General Provisions**

1.1. Paragraph 3, Effective Date/Completion of Services, is amended by adding subparagraph 3.3 as follows:

3.3. The parties may extend the Agreement for up to three (3) additional year(s) from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.3 as follows:

12.3. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and how corrective action shall be managed if the subcontractor's performance is inadequate. The Contractor shall manage the subcontractor's performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

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**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT B**

**Scope of Services**

**1. Statement of Work**

- 1.1. The Contractor shall maintain all applicable licenses as required by the State of New Hampshire.
- 1.2. For the purposes of this agreement, all references to days shall mean business days.
- 1.3. For the purposes of this agreement, all references to business hours shall mean Monday through Friday from 8:00 am to 5:00 pm EST, excluding state and federal holidays.
- 1.4. The Contractor shall provide statewide lead risk assessments and education to families when a child with a blood lead level equal to or over 5.0ug/dL resides in an owner-occupied home. The Contractor shall:
  - 1.4.1. Coordinate with the property owners to complete a lead risk assessment of their property if the property was built prior to 1978.
  - 1.4.2. Provide education to property owners on lead, potential sources of lead exposure, the Renovation, Repair, and Painting (RRP) Rule, the disclosure rule, and funding available to address lead exposure hazards.
  - 1.4.3. Coordinate and provide services, resources, and materials to assist with educating property owners on potential sources of lead exposure in order to reduce lead exposure hazards for the child.
- 1.5. The Contractor shall ensure services include:
  - 1.5.1. Coordinating with property owners to have a risk assessment performed on their home;
  - 1.5.2. Conducting lead risk assessments of pre-1978 owner-occupied homes and providing a detailed written report of the assessment results to the property owners;
  - 1.5.3. Providing lead education to property owners and assisting property owners with completing a Housing and Urban Development (HUD) Lead Hazard Reduction grant application, as applicable;
  - 1.5.4. Providing property owners with a High Efficiency Particulate Air (HEPA) vacuum cleaner or other materials, when needed to assist with decreasing a child's exposure to lead hazards; and
  - 1.5.5. Providing reports to the Division of Public Health Services, Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) to evaluate the effectiveness of the contract services.
- 1.6. The Contractor shall coordinate lead risk assessments of pre-1978 Homes,

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**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT B**

which includes:

- 1.6.1. Coordinating and scheduling a lead risk assessment with property owners within one week of making initial contact with property owners.
- 1.6.2. Ensuring eligibility of the property for lead risk assessor services during the initial contact to confirm properties:
  - 1.6.2.1. Are owner-occupied.
  - 1.6.2.2. Were built prior to 1978.
  - 1.6.2.3. Have received a Certificate of Eligibility from the HHLPPP.
- 1.6.3. Securing and maintaining contact information for the property owner including name, address, phone number, and email address.
- 1.6.4. Confirming ownership status and the age of the building as available through town assessment websites or the Registry of Deeds.
- 1.6.5. Sending an email to the property owner detailing the confirmed date, time, and location of the risk assessment.
- 1.6.6. Performing lead risk assessments within 30 days of initial contact, or as scheduled to accommodate the property owner's schedule.
- 1.6.7. Providing monthly updates to the HHLPPP on lead risk assessments scheduled and performed.
- 1.7. The Contractor shall conduct lead risk assessments of pre-1978 owner-occupied homes, which include:
  - 1.7.1. Employing or contracting the services of at least one lead risk assessor licensed in accordance with New Hampshire Administrative Rule He-P 1600, Lead Poisoning Prevention and Control Rules (He-P 1600);
  - 1.7.2. Providing proof of licensure for the Lead Risk Assessor and ensuring licensure is maintained throughout the resulting contract period;
  - 1.7.3. Conducting all lead risk assessments in accordance with the requirements of He-P 1600;
  - 1.7.4. Providing a risk assessment reports to property owners, ensuring the reports are:
    - 1.7.4.1. Written in accordance with He-P 1600; and
    - 1.7.4.2. Provided within 2 weeks of:
      - 1.7.4.2.1. Completing the on-site inspection; and
      - 1.7.4.2.2. Receiving results of all environmental samples analyzed; and

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**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT B**

- 1.7.5. Completing a minimum of 45 lead risk assessments per contract year of owner-occupied properties with certificates of eligibility from the HHLPPP.
- 1.8. The Contractor shall provide lead education to property owners, which includes:
  - 1.8.1. Providing educational links to property owners during initial contact that include, but are not limited to:
    - 1.8.1.1. The NH HHLPPP's website;
    - 1.8.1.2. The Environmental Protection Agency (EPA) website;
    - 1.8.1.3. The EPA/HUD real estate disclosure rule;
    - 1.8.1.4. The link for applications to the applicable HUD grant program;
  - 1.8.2. Assisting property owners with completing a HUD Lead Hazard Reduction grant application, as appropriate;
  - 1.8.3. Extending an invitation to property owners following the on-site risk assessment to attend further training that includes information for the next property owner education session provided by the HHLPPP and RRP training; and
  - 1.8.4. Ensuring the lead risk assessor provides education to the property owner on immediate temporary measures that can be taken to reduce a child's exposure to lead, including:
    - 1.8.4.1. Lead-safe cleaning with a HEPA vacuum; and
    - 1.8.4.2. Methods to restrict access to the lead exposure hazards.
- 1.9. The Contractor shall provide materials to property owners, which include:
  - 1.9.1. Evaluation of the family's need for materials to assist them in reducing a child's exposure to lead, which may include but are not limited to:
    - 1.9.1.1. HEPA vacuums.
    - 1.9.1.2. Cleaning materials.
    - 1.9.1.3. Duct-tape.
    - 1.9.1.4. Contact paper.
    - 1.9.1.5. Plastic guards.
    - 1.9.1.6. Baby gates.
    - 1.9.1.7. Banister guards.
    - 1.9.1.8. Door stops.
    - 1.9.1.9. Window stops.

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**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT B**

- 1.9.1.10. Cabinet locks.
- 1.9.1.11. Shoe trays.
- 1.9.1.12. Area rugs.
- 1.9.1.13. Anything that assists with preventing a child from accessing lead based paint that is deteriorated, on a chewable surface, or friction/impact surface, or contaminated bare soil.
- 1.9.2. Up to \$500.00 in materials to each property owner at the time of, or within 2 weeks of, the lead risk assessment, ensuring a HEPA vacuum is provided as appropriate, to reduce a child's immediate access to lead exposure hazards.
- 1.9.3. Provide a mechanism for the property owner to provide feedback upon completion of services relative to services provided.
- 1.10. The Contractor shall provide results of all property owner feedback to the HHLPPP on a quarterly basis.
- 1.11. The Contractor shall provide results of the lead inspection and risk assessments to the property owner and HHLPPP via encrypted email within ten (10) business days following completion of the inspection and receipt of the laboratory results. The Contractor shall ensure results include, but are not limited to:
  - 1.11.1. Executive Summary.
  - 1.11.2. Site Description.
  - 1.11.3. Property Owner.
  - 1.11.4. Survey Personnel.
  - 1.11.5. Testing Methodology.
  - 1.11.6. XRF Testing Results and Lead Paint Hazards- XRF Calibration.
  - 1.11.7. Soil Sampling Results and Lead Soil Hazards.
  - 1.11.8. Dust Sampling Results and Lead Dust Hazards.
  - 1.11.9. Recommendations.
  - 1.11.10. New Hampshire Lead-Safe Requirements.
  - 1.11.11. Lead Inspection Protocols.
  - 1.11.12. Laboratory Analytical Results accredited for the analysis of paint, dust and soil samples.
  - 1.11.13. Field Report.
- 1.12. The Contractor shall provide results of the pain testing to the property owners

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**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT B**

and HHLPPP via encrypted email within 15 days of completion of the paint testing. The Contractor shall ensure reports include a statement regarding the property owner's responsibility of disclosure.

- 1.13. The Contractor shall schedule a post-report delivery telephone call with the property owner and HHLPPP, if applicable, to review:
  - 1.13.1. Key aspects of the report.
  - 1.13.2. Materials (HEPA Vac, etc) that will fit the property owners needs based upon the risk assessment.
  - 1.13.3. Questions with recommendations.
  - 1.13.4. Guidance in contacting the appropriate intake person with applicable HUD Grant.
  - 1.13.5. Programs.
  - 1.13.6. Recommended monitoring and follow up inspections.
  - 1.13.7. Questions regarding the lead inspections/risk assessments and abatement options when requested.
  - 1.13.8. Any other issues or questions that the property owner may have about the report or process to address lead exposure hazards.

**2. Exhibits Incorporated**

- 2.1. The Contractor shall use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.
- 2.2. The Contractor shall manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.
- 2.3. The Contractor shall comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

**3. Reporting Requirements**

- 3.1. The Contractor shall provide quarterly reports 15 days after the end of each quarter ensuring information includes, but is not limited to:
  - 3.1.1. Number and locations of risk assessments conducted.
  - 3.1.2. Timeliness of services provided.
  - 3.1.3. Materials provided to property owners.
  - 3.1.4. All feedback provided by property owners.
- 3.2. The Contractor shall complete an annual year-end self-evaluation and

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**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT B**

improvement plan for the following areas:

- 3.2.1. Strategies that worked well in the areas of:
  - 3.2.1.1. Communication;
  - 3.2.1.2. Logistics;
  - 3.2.1.3. Planning;
  - 3.2.1.4. Coordination;
  - 3.2.1.5. Education; and
  - 3.2.1.6. Materials;
- 3.2.2. Areas for improvement with emphasis on strategies for overcoming areas in need of improvement in the future;
- 3.2.3. Future strategies and plans for increasing capacity and interest in services provided, including suggestions on how state-level resources may aid in this effort.

**4. Additional Terms**

**4.1. Impacts Resulting from Court Orders or Legislative Changes**

- 4.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities and expenditure requirements under this Agreement so as to achieve compliance therewith.

**4.2. Federal Civil Rights Laws Compliance: Culturally and Linguistically Appropriate Programs and Services**

- 4.2.1. The Contractor shall submit, within ten (10) days of the contract effective date, a detailed description of the communication access and language assistance services to be provided to ensure meaningful access to programs and/or services to individuals with limited English proficiency; individuals who are deaf or have hearing loss; individuals who are blind or have low vision; and individuals who have speech challenges.

**4.3. Credits and Copyright Ownership**

- 4.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Contract shall include the following statement, "The preparation of this (report, document etc.) was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or

**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT B**

required, e.g., the United States Department of Health and Human Services."

- 4.3.2. All materials produced or purchased under the contract shall have prior approval from the Department before printing, production, distribution or use.
- 4.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:
  - 4.3.3.1. Brochures.
  - 4.3.3.2. Resource directories.
  - 4.3.3.3. Protocols or guidelines.
  - 4.3.3.4. Posters.
  - 4.3.3.5. Reports.
- 4.3.4. The Contractor shall not reproduce any materials produced under the contract without prior written approval from the Department.

**5. Records**

- 5.1. The Contractor shall keep records that include, but are not limited to:
  - 5.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
  - 5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 5.2. During the term of this Contract and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives shall have access to all reports and records maintained pursuant to the Contract for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Contract and upon payment of the price limitation hereunder, the Contract and all the obligations of the parties hereunder (except such obligations as, by the terms of the Contract are to be performed after the end of the term of this Contract and/or survive the termination of the Contract) shall terminate, provided however, that if upon review of the Final Expenditure Report the Department shall disallow any

**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT B**

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expenses claimed by the Contractor as costs hereunder the Department shall retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

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New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services



EXHIBIT C

Payment Terms

1. This Agreement is funded by 100% General Funds.
2. Payment for said services shall be made as follows:
  - 2.1. The Contractor shall be reimbured at a Full Risk Assessment Rate, as follows:

| Dust Wipes per sample | Soil Test per sample | Water Test per sample | Administrative Component | Full Risk Assessment Rate |
|-----------------------|----------------------|-----------------------|--------------------------|---------------------------|
| \$ 20                 | \$ 30                | \$ 50                 | \$ 3,000                 | \$ 3,100                  |

- 2.2. The Contractor shall be reimbured for additional cost for the Full Risk Assessment, which consist of the following:

|                                    |                                     |
|------------------------------------|-------------------------------------|
| Mileage per mile                   | Supplies plus shipping per property |
| Federal mileage reimbursement rate | \$500                               |

3. The Contractor shall submit an invoice in a form satisfactory to the Department by the fifteenth (15th) working day of the following month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure the invoice is completed, dated and returned to the Department in order to initiate payment.
4. In lieu of hard copies, all invoices may be assigned an electronic signature and emailed to [DPHSCContractBilling@dhs.nh.gov](mailto:DPHSCContractBilling@dhs.nh.gov), or invoices may be mailed to:  
 Financial Manager  
 Department of Health and Human Services  
 129 Pleasant Street  
 Concord, NH 03301
5. The Department shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice and if sufficient funds are available, subject to Paragraph 4. of the General Provisions Form Number P-37 of this Agreement.

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**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT C**

6. The final invoice shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
7. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.
8. The Contractor agrees that funding under this Agreement may be withheld, in whole or in part in the event of non-compliance with the terms and conditions of Exhibit B, Scope of Services.
9. Notwithstanding anything to the contrary herein, the Contractor agrees that funding under this agreement may be withheld, in whole or in part, in the event of non-compliance with any Federal or State law, rule or regulation applicable to the services provided, or if the said services or products have not been satisfactorily completed in accordance with the terms and conditions of this agreement.
10. Notwithstanding Paragraph 17 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. Audits
  - 11.1. The Contractor is required to submit an annual audit to the Department if any of the following conditions exist:
    - 11.1.1. Condition A - The Contractor expended \$750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.
    - 11.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of \$1,000,000 or more.
    - 11.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
  - 11.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

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**New Hampshire Department of Health and Human Services  
Lead Risk Assessment Services**



**EXHIBIT C**

- 11.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
- 11.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA if the Department's risk assessment determination indicates the Contractor is high-risk.
- 11.5. In addition to, and not in any way in limitation of obligations of the Contract, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Contract to which exception has been taken, or which have been disallowed because of such an exception.

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New Hampshire Department of Health and Human Services  
Exhibit D

**CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

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

**ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS**

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

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

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

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

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New Hampshire Department of Health and Human Services  
Exhibit D

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

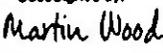
Place of Performance (street address, city, county, state, zip code) (list each location)

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

Vendor Name:

10/13/2020

Date

DocuSigned by:  
  
 Name: Martin wood  
 Title: President



New Hampshire Department of Health and Human Services  
Exhibit E

**CERTIFICATION REGARDING LOBBYING**

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

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

- Programs (indicate applicable program covered):
- \*Temporary Assistance to Needy Families under Title IV-A
  - \*Child Support Enforcement Program under Title IV-D
  - \*Social Services Block Grant Program under Title XX
  - \*Medicaid Program under Title XIX
  - \*Community Services Block Grant under Title VI
  - \*Child Care Development Block Grant under Title IV

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

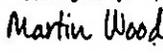
1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection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

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

Vendor Name:

10/13/2020

Date

DocuSigned by:  
  
 Name: MARTIN wood  
 Title: President

Vendor Initials   
 Date 10/13/2020



New Hampshire Department of Health and Human Services  
Exhibit F

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

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

**INSTRUCTIONS FOR CERTIFICATION**

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



New Hampshire Department of Health and Human Services  
Exhibit F

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

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

PRIMARY COVERED TRANSACTIONS

- 11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
11.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
11.2. have not within a three-year period preceding this proposal (contract) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or a contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
11.3. are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
11.4. have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

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

Contractor Name:

10/13/2020

Date

DocuSigned by:
Martin Wood
Name: MARTIN wood
Title: President

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New Hampshire Department of Health and Human Services  
Exhibit G



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

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

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

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

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

Exhibit G

Contractor Initials

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



**New Hampshire Department of Health and Human Services  
Exhibit G**

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

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

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

Contractor Name:

10/13/2020

Date

DocuSigned by:

*Martin Wood*

Name: Martin wood

Title: President

Exhibit G

Contractor Initials

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



New Hampshire Department of Health and Human Services  
Exhibit H

**CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

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

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

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

Contractor Name:

10/13/2020

Date

DocuSigned by:  
*Martin Wood*  
Name: Martin wood  
Title: President

New Hampshire Department of Health and Human Services



Exhibit I

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**  
**BUSINESS ASSOCIATE AGREEMENT**

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

(1) **Definitions.**

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

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Contractor Initials mlw

Date 10/13/2020



New Hampshire Department of Health and Human Services

Exhibit I

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

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

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



New Hampshire Department of Health and Human Services

Exhibit I

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

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

**(3) Obligations and Activities of Business Associate.**

- a. The Business Associate shall notify the Covered Entity's Privacy Officer immediately after the Business Associate becomes aware of any use or disclosure of protected health information not provided for by the Agreement including breaches of unsecured protected health information and/or any security incident that may have an impact on the protected health information of the Covered Entity.

- b. The Business Associate shall immediately perform a risk assessment when it becomes aware of any of the above situations. The risk assessment shall include, but not be limited to:

- o The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
- o The unauthorized person used the protected health information or to whom the disclosure was made;
- o Whether the protected health information was actually acquired or viewed
- o The extent to which the risk to the protected health information has been mitigated.

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

- c. The Business Associate shall comply with all sections of the Privacy, Security, and Breach Notification Rule.

- d. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the Secretary for purposes of determining Covered Entity's compliance with HIPAA and the Privacy and Security Rule.

- e. Business Associate shall require all of its business associates that receive, use or have access to PHI under the Agreement, to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein, including the duty to return or destroy the PHI as provided under Section 3 (I). The Covered Entity shall be considered a direct third party beneficiary of the Contractor's business associate agreements with Contractor's intended business associates, who will be receiving PHI



New Hampshire Department of Health and Human Services

Exhibit I

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

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

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New Hampshire Department of Health and Human Services

Exhibit I

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

(4) Obligations of Covered Entity

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

(5) Termination for Cause

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

(6) Miscellaneous

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

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New Hampshire Department of Health and Human Services

Exhibit I

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

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

Department of Health and Human Services

Institute for Environmental Education, Inc.

The State by

Name of the Contractor

*Lisa M. Morris*

*Martin Wood*

Signature of Authorized Representative

Signature of Authorized Representative

Lisa M. Morris

Martin wood

Name of Authorized Representative

Name of Authorized Representative

Director, Division of Public Health Services

resident

Title of Authorized Representative

Title of Authorized Representative

10/14/2020

10/13/2020

Date

Date

*MW*



New Hampshire Department of Health and Human Services  
Exhibit J

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

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

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

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

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

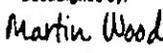
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees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

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

Contractor Name:

10/13/2020

Date

DocuSigned by:  
  
 Name: Martin Wood  
 Title: President



New Hampshire Department of Health and Human Services  
Exhibit J

**FORM A**

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

1. The DUNS number for your entity is: 623105004

2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

X  NO   YES

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

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

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

NO   YES

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

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

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

|             |               |
|-------------|---------------|
| Name: _____ | Amount: _____ |

## New Hampshire Department of Health and Human Services

### Exhibit K

## DHHS Information Security Requirements



### A. Definitions

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

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

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

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

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

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

**I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR**

**A. Business Use and Disclosure of Confidential Information.**

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

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

## New Hampshire Department of Health and Human Services

### Exhibit K

### DHHS Information Security Requirements



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

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

### III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

#### A. Retention

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

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements



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

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**New Hampshire Department of Health and Human Services**  
**Exhibit K**  
**DHHS Information Security Requirements**



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

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Exhibit K

DHHS Information Security Requirements



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

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

**V. LOSS REPORTING**

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

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

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

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DHHS Information Security Requirements



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

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

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov